25 °C	1	RECEIVED FEB. 4 1729	STATE OF II DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE DO NOT WRITE IN THIS SPACE	
Ĭ°		PLACE OF DEATH	CERTIFICATE OF	DEATH State File No64632	
PHYSICIANS ement of OC-	Cor	nty of Kootenai	Registration District No	Local Registrar's No.	
ent X	City	of Coer D! Alene	Primary Registration Distri	ct No.// Diameter	
	J		(No. Home Hospital	give its name instead instead of street and number.)	
tat,	۵,	FULL NAME Infant Chi			
EXACTLY, PHYS Exact statement				<b>Q4</b>	
RECORD EXACT Exact	'	a) Residence, No(Usual place of abode)		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
~~	Len	gth of residence in city or town where	death Sccurred yrs. Inos.	MEDICAL CERTIFICATE OF DEATH	
ENT I stated iffed.		PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF SEATH	
	1	EX 4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	
E P P		Female White	Single	<u>Jan 23 I929 19</u> (Month) (Day) (Year)	
PERMANENT should be state perly classified.	5a	If married, widowed, or divorced			
. ∞ <del>C</del> 4		HUSBAND of (or) WIFE of		17 I HEREBY CERTIFY, That I attended deceased from	
				that I last saw h	
H 4 0.2	6 DATE OF BIRTH (month, day and year) Jan 23, 1929  7 AGE Years Months Days If LESS than bree			and that death occurred, on the date stated above, at m.	
THIS plied. may b	O O C DESCRIPTION OF THE PROPERTY OF THE PROPE		1 day, min	The CAUSE OF DEATH* was as follows:  HU born infant from lexagning in Mether.	
1 24 44	8 OCCUPATION OF DECEASED				
INK.	8 -				
G IN Illy s that back	particular kind of work				
so t		(b) General nature of industry, business, or establishment in		(duration) yrs mos ds.	
Car car ns, s		which employed (or employer)		CONTRIBUTORY(Secondary)	
UNFADING    be careful terms, so the		0	D1 41 am a	(duration) yrs mos ds.	
1 7 _ 5	9	BIRTHPLACE (city or town)Co.	laho	18 Where was disease contracted if not at place of death?	
WITH 1 should n plain e instru				Did an operation precede death?	
دہ سے حط		10 NAME OF FATHERC. J. Ch	rri sta son	Was there an autopsy?	
は海岸	ဖြစ	11 BIRTHPLACE OF FATHER (city	or town)	What test confirmed diagnosis?	
PLAINLY informati F DEATH portant.	ENT	(State or country)	rway	(Signed) , M.D. (Address) Rur Wen Ag	
	PARI	12 MAIDEN NAME OF MOTHER		(Address) WWW COUNT OF	
	וון בי	Delphine W.		*State the DISEASE CAUSING DEATH, or in deaths from VIO-	
WRITE item of AUSE (	. 11	13 BIRTHPLACE OF MOTHER (city (State or country)	or town)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	- 11	Informant C. J. Christ.	9.80D	19 Place of Burlai, Cremation, or Homeson	
-Ever state		(Address) Coeur D' Al	ene Jda	St. Thomas Cemetery Jan 75,	
	15	21.20 0		20. Undertaker	
	<b>∮</b> ∥"	Filed 12 6, 19 2 9 0	Registrar	Mooning Morliary I'm & Reme	
2 2 2	<i>-</i> 11—				

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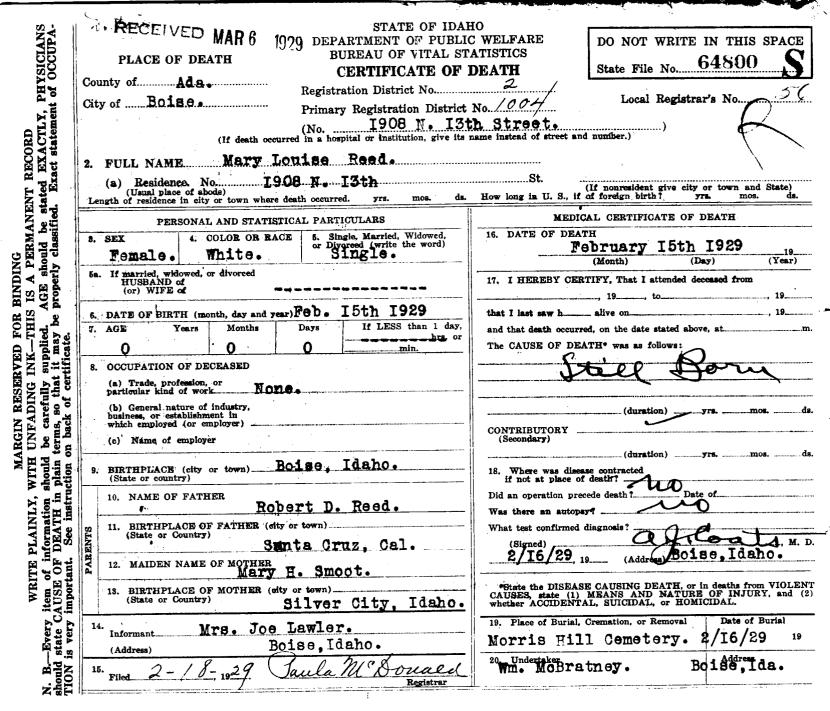
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Do not accept a certificate of death signed only by a

HYSICIANS of OCCUPA-	County of Canyon	1970 STATE OF IDA DEPARTMENT OF PUBLI BUREAU OF VITAL ST CERTIFICATE OF Registration District No	C WELFARE DO NOT WE ATISTICS DEATH State File N	RITE IN THIS SPACE 65291
ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	!	Primary Registration District (No. Mercy Hospita ed in a hospital or institution, give its Mr and Mrs E.M.Clar	No	gistrar's No
ENT tate	(Usual place of abode) Length of residence in city or town where de	,		e city or town and State) yrs. mos. ds.
ANI be a	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
PERMANENT should be stated ily classified. E	8. SEX 4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH 29	1929
7 2 2	5a. If married, widowed, or divorced		(Month)	(Day) (Year)
AGE she	HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I atten	Mar 29 , 1929
2 'a	6. DATE OF BIRTH (month, day and year) March 29, 1929		that I last saw had alive on.	, 19
Iied.	7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred, on the date state The CAUSE OF DEATH* was as follow	
UNFADING INK—TH be carefully supplied. terms, so that it may bon back of certificate.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	•	CONTRIBUTORY (Secondary)	yrs. mos. ds.
WITH should plain ection	9. BIRTHPLACE (city or town) NE	mpa, Idaho	18. Where was disease contracted	yrsds.
_ = = 1	10. NAME OF FATHER E.M.C]	ark	Did an operation precede death?	Date of
WRITE PLAINLY, em of information JSE OF DEATH in portant. See instr	11. BIRTHPLACE OF FATHER (city of State or Country) Kansas  12. MAIDEN NAME OF MOTHER Let	r town)	What test confirmed diagnosis?	e mu by D.
of ir		uise Shephard	3/30/29, 19(Address)_	Nampa Ida.
ir in its	18. BIRTHPLACE OF MOTHER (city of (State or Country)	aho	*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS AND NA whether ACCIDENTAL, SUICIDAL, or	H, or in deaths from VIOLENT TURE OF INJURY, and (2) HOMICIDAL.
	14. E.M. Clark		19. Place of Burial, Cremation, or Remo	1
1 ~.2	(Address) Nan	pa Ida.	Kohlerlawn Cem	3/30/29 19
Hould TON	15. Filed 4	Eller orway Registrer	Fred K.Robinson	Nampa, Ida.

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38	PLACE OF DEATH BUREAU OF VITAL S CERTIFICATE OF	
ور و	County of hash Registration District No.	
PHYSICIANS ement of 0C-	City of La Lagge Primary Registration Distri	Total Deviationals No. /2
E g	(No.	
LY, PHYS statement		, give its name instead instead of street and number.)
St. 1	2. FULL NAME (A) a say () a la l	20
RECORD EXACTLY, Exact stat	(a) Residence. No. (Usual place of abode)	(If nonresident give city or town and State)
a a a	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
RMANENT nld be state y classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANI l be s classi	3 SEX 4 COLOR OF RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
Series 1	"Male GAME	(Month) (Day) (Year)
LNG PERM should perly c	5a If married, widowed, or divorced HUSBAND of	(Day) (Tear)
5 <b>~</b> ~ 5 .	(or) WIFE of	17   HEREBY CERTIFY, That I attended deceased from
FOR BINI THIS IS A lied. AGE nay be pro- certificate.	6 DATE OF BIRTH (month, day and year)	- 1927, to - 1927,
# 51 7 4 th	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	8 OCCUPATION OF DECEASED	It of R' Th
EERV FIN Ily sithat	(a) Trade, profession, or particular kind of work	Sulf-Berth.
	(b) General nature of industry,	
	business, or establishment in which employed (or employer)	(duration) yrs mos ds.
RGIN REUNFADIN be carefuterms, so ictions on	(c) Name of employer	(Secondary)
<b>⋖</b> ` 'च _ ₽.	9 BIRTHPLACE (city or town) Collaboration of the	(duration) yrs mos ds.
MLTH WITH should plain in plain	(State or country)	18 Where was disease contracted if not at place of death?
on sh in p	10 NAME OF FATHER	Did an operation precede death? Date of
なは田	11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
LAINI nforma DEATI rtant.	(State or country)	(Signed)
E PLAIN of inform OF DEA1 important	4 12 MAIDEN NAME OF WOTHER	3/19/1929 (Address) Bell-se Adelse
E E OF i	a Sejara Vinghard	7777
WRITE item of AUSE ( very in	18 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
	- Marie William	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.
. e e	14 Informant Culture States	19 Place of Burial, Cremation, or Removal Date of Burial
N. B.—Every should state CUPATION is	(Address) Kellogg Selv	Tellows da 3/17 129
B. –	15 2 11 20 % 7/0 2 4	20. Undersaker Address
N. B.	Filed has 80, 19 27 hrs - Yeller 19 19 19 Registrar	W. J. Stout Kellaga
7 % )		77

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STATE OF IDAHO RECEIVED MAY 13 378 uld be stated EXACTLY, PHYSICIAN: classified. Exact statement of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No... CERTIFICATE OF DEATH County of Lewiston. Registration District No......7 Nez Perce. Local Registrar's No. Primary Registration District No. /00 City of ..... (No. ... White Hospital. (No. 3.40116 HOSPILAL...)
(If death occurred in a hospital or institution, give its name instead of street and number.) PERMANENT RECORD 2. FULL NAME Stillborn Carter. (a) Residence. No. 1426 Main (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 16. DATE OF DEATH 4. COLOR OR RACE 8. SEX phould March 26th, 1929. White. Single. Male. (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from AGE 6. DATE OF BIRTH (month, day and year) 3/26/29. If LESS than 1 day. 7. AGE Years Months Days and that death occurred, on the date stated above, at supplied it may tificate .....hrs. or The CAUSE OF DEATH\* was as follows: ...min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... None. (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (e) Name of employer (Secondary) (duration) .....yrs. ....mos. plnode Lewiston, 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? Idaho. (State or country) Did an operation precede death? 10. NAME OF FATHER of information OF DEATH in ant. See instr Vesley Carter. PLAINLY Was there an autopsy? ..... The Dalles 11. BIRTHPLACE OF FATHER (city or town) .... What test confirmed dispnosis PARENTS (State or Country) (Signed) Oregon. y item of in CAUSE OF y important. Idaho. ston. 12. MAIDEN NAME OF MOTHER Bernice Rogers. \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Elgin. 18. BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) Oregon. 19. Place of Burial, Cremation, or Removal Date of Burial Informant 3/27/29. Lewiston. Idaho. Lewiston. Idaho. (Address) 20. Undertaker Address **Lewiston.** Idaho Brower-Nann Company.

Over from March 29

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S		ot write in this space
PLACE OF DEATH	CERTIFICATE OF		File No
County of Bonner	Registration District No7	<u></u>	
City of <b>Tootenal</b> t	Primary Registration District	* Li0i	cal Registrar's No
2. FULL NAME Infant	vocal still	Idaho s name instead of street and number.)	770
(a) Residence. No		St. KOOTEI	nai, Idaho dent give city or town and State)
(Usual place of abode) Length of residence in city or town where dea	th occurred. yrs. mos. d	(If nonresis. How long in U. S., if of foreign	birth? yrs. mos, ds.
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTI	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH	•
Male White	Single	May 2, 192	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	01100	17. I HEREBY CERTIFY, That	
(or) WIFE of			
6. DATE OF BIRTH (month, day and year)	May 2 1929.	1	, 19
	Days If LESS than 1 day	and that death occurred, on the d	late stated above, atm
Stillion	hrs. or		as follows:
8. OCCUPATION OF DECEASED		~ 00	
(a) Trade, profession, or particular kind of work		2 frank	Lavy
(b) General nature of industry,		Ge dalingmo	isens seur
business, or establishment in which employed (or employer)		(av	la Heart dies
(c) Name of employer	,	(Secondary) health	ration) yrs. mos. ds
9. BIRTHPLACE (city or town) Koot (State or country)	enai no	18 Where was disease contracts	•
10. NAME OF FATHER		Did an operation precede death?	Date of
Otto-G		Was there an autopsy?	
2 11. BIRTHPLACE OF FATHER (city or (State or Country)	town) Glasstown	What test confirmed diagnosis?	Elean And
11. BIRTHPLACE OF FATHER (city or (State or Country)  12. MAIDEN NAME OF MOTHER	N. Dak.	(Signed)	ddress) Landword
12. MAIDEN NAME OF MOTHER Hel	ma Johnson		
13. BIRTHPLACE OF MOTHER (city of (State or Country)	Mich. Daggart	CAUSES, state (1) MEANS A whether ACCIDENTAL, SUICIL	G DEATH, or in deaths from VIOLENT IND NATURE OF INJURY, and (2) OAL, or HOMICIDAL.
14. Informant Otto G. Mo	solf	19. Place of Burial, Cremation,	1
(Address) Kootenai.		Pinecrest	May 3. 1929
1 0	Viel Colle	20. Undertaker	Address
15. Filed May 3, 1929	Registrar	Moon Mortuary	Bandpoint.Id

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DECENTE	STATE OF ID	АНО		
RECEIVED MAY 1 6 1929	DEPARTMENT OF PUB		DO NOT WRITE IN THIS S	PACE
PLACE OF DEATH _	BUREAU OF VITAL		Garage V. C6615	55
PLACE OF DEATH  County of	CERTIFICATE OF	T DEATH .	State File No.	
City of Jano Falls	Registration District No	2 11 -	Local Registrar's No	3
Oldy of	Primary Registration Distri	t No.		
(If death commend	(Noin a hospital or institution, give i	ts came instead of street an	d number.)	
9-1-	1 Styl	7.	. (	
2. FULL NAME		/	~ T	
(a) Residence. No(Usual place of abode)			(If nonresident give city or town and	
Length of residence in city or town where deat	h occurred. yrs. mos.	is. How long in U. S., if	of foreign birth? yrs. mos.	ds.
PERSONAL AND STATISTICA		MEDIC	CAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OF RACE	5. Single, Married, Widowed, or Divorces (write the word)	16. DATE OF DEA		_
mal while	Single		(Month) (Day)	192C (Year)
5a. If married, widowed, or divorced HUSBAND of		17. I HEREBY CER	TIFY, That I attended deceased from	·
(or) WIFE of			, 19, to	. 19
6. DATE OF BIRTH (month, day and year)	april 3-29	that I last saw h	When on	, 19
7. AGE Years Months I	Days If LESS than 1 day hrs. o		ed, on the date stated above, at 2	<b>O</b> -
no no n	0 min.		ATH* was as follows:	***;
8. OCCUPATION OF DECEASED		gan	e ou	
(a) Trade, profession, or particular kind of work	one	moch	a celoupter	
(b) General nature of industry.		+		Z
business, or establishment in which employed (or employer)			(duration)yrsmos.	
(c) Name of employer		CONTRIBUTORY (Secondary)		······································
11	MAN Falls		(duration) yrs. mos.	d
9. BIRTHPLACE (city or town) (State or country)		18. Where was dises if not at place of	se contracted death?	
10. NAME OF FATHER	1	Did an operation pre	cede death? Cachapan	
	grey.	- Was there an autops	y? No	
11. BIRTHPLACE OF FATHER (city or State or County)	town SIT	What test confirmed	to soon	<u>د</u>
(State or County)	ue man	(Signed)		, M
12. MAIDEN NAME OF MOTHER	us 6 Ollers	Ju . 1	9 (Aldress)	معو
18. BIRTHPLACE OF MOTHER ceity of	Boyn)	*State the DISEAS	E CAUSING DEATH, or in deaths from	VIOLEN
(State or Country)	irtuld Id	CAUSES, state (1) whether ACCIDENTA	E CAUSING DEATH, or in deaths from MEANS AND NATURE OF INJURY, AL, SUICIDAL, or HOMICIDAL.	and (
14.	11.	19. Place of Burial,	Cremation, or Removal Date of Bu	rial
Informant	2 11 91	· Mako	Falle Ala Ho	م19ء
(Address)	rain. Jan	20. Undertaker	Address	1
15. PHO 3 19 5 C	elles eural	7.7	. M How Island	59
	Registrar	<u> </u>	1100000	21

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head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

22		STATE OF IDAH	10	-	
A d	RECEIVED JUL 1 3 1929	DEPARTMENT OF PUBLIC	·	DO NOT WRITE	IN THIS SPACE
55	PLACE OF DEATH	BUREAU OF VITAL STA	ATISTICS		
YSICI	County of Cassia	CERTIFICATE OF I	DEATH	State File No	66539
Ħ 💆	n	Registration District No		· · · · · · · · · · · · · · · · · · ·	
nt H	City of Bully	Primary Registration District		Local Registra	ar's No
LY	$\mathcal{A}$			Zeerluege	
ORD ACTL statem	(If death occurre	d in a hospital or institution, give its r	name instead of street and	number.)	1.
	2. FULL NAME	Baku Am	10)		7
r REC ed EX Exact	7//~	Morth Selved	Le a	• •	
E est	(a) Residence. No(Usual place of abode)	77004 9, 200	St	If nonresident give city	
Eta d.	Length of residence in city or town where de	ath occurred. yrs. mos. ds.	How long in U. S., if o	of foreign birth?	rs. mos. ds.
r PERMANENT should be state rly classified. F	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF	DEATH
RM d l ass	8. SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Directed (write the word)	16. DATE OF DEAT	H D	12
를 들고 	timale White	Sugli		arma	1929
₹ <b>~</b> च 🛱 📗	5a. If married, widowed, or divorced			<u> </u>	Oay) (Year)
AGE prope	HUSBAND of (or) WIFE of		17. I HEREBY CERT	IFY, That I attended de	oeased from
A E	6. DATE OF BIRTH (month, day and year)	June 18-192	2		19. 19. 7
INK—THIS supplied. A t it may be 1 rtificate.	7. AGE Years Months	Days LESS than 1 day,	that I last saw h	save on	8:00 P
tage 1	35	hrs. or	The CAUSE OF DEA	d, on the date stated abo	ve, at
Supr supr it n	a oggypamyon of propagn	min	Salue C	Leeuin Co	- Lly xin
VG INK—TE Ily supplied. hat it may certificate.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or	]			
NG Jully that	particular kind of work				
FADINC carefull s, so th	(b) General nature of industry, business, or establishment in		1771) Manual Barrella (1881 - 1882) (1881 - 1882) (1881 - 1882) (1881 - 1882) (1882 - 1882) (1882 - 1882) (1882	(duration)	.yrsds.
NFA NFA ms, s back	which employed (or employer)		CONTRIBUTORY		JIDI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
UNE Cartering, on back	(c) Name of employer		(Secondary)		<b></b>
H T _ U	Q	0 0 0		(duration)	yrsds.
WITH should plain ction	9. BIRTHPLACE (city or town) (State or country)	wely , dale	18. Where was disease if not at place of o	contracted	
VLY, WITI ttion shoul IH in plain instruction	10. NAME OF FATHER		Did an operation prece	١.,	of
NLY ation inst	care	Jours	Was there an autopsy	7.5	
	2 11. BIRTHPLACE OF FATHER (city of	town	What test confirmed di	@ C	-ul
PLAI forms DEA7 See	11. BIRTHPLACE OF FATHER (city or (State or Country)  12. MAIDEN NAMES F MOTTER	Tausas-	(Signed)	at 3 ha	, M. D.
5 ~	A 12 MAIDEN NAME OF MOTHER		Jun 19, 19	29 (Address)	سيب
WRITE item of AUSE OF important	12. MAIDEN NAME OF MOTTER	inderson.			
WRI item o	18. BIRTHPLACE OF MOTHER (city of	r town) A' L	*State the DISEASE CAUSES, state (1) M	CAUSING DEATH, or : MEANS AND NATURE	in deaths from VIOLENT OF INJURY, and (2) ICIDAL.
	(State or Country)	agatio.	whether ACCIDENTAL	L, SUICIDAL, or HOM	CIDAL.
	14. Informant Mr. Carl	Josephs, Talke		remation, or Removal	Date of Burial
Ever state is ver	(Address) Burley	Sdalie	Lurle	L	June 19 19 2
\ •= i	15. 57. 29. 3	Je 11/2 - 1	20. Undertaker	0	Address
N. B.	Filed 6 , 19	Registrar	DIC, Jul	sanoy	Burly &
z e l					

âs,

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Do not accept a certificate of death signed only by a

S -		DECENTED III	STATE OF IDAE	Ю		
A.F.	RECEIVED JUL 1 1 1929 EPARTMENT OF PUBLIC			WELFARE	DO NOT WRITE I	N THIS SPACE
55	PLACE OF DEATH  County of Malison  Certificate OF D  Registration District No			Alibilob		YEERAA
rsici					State File No	00040
E &				100		110
P + 1	Cit	y of Melining	rimary Registration District	No 2178	Local Registrar	's No7.
ie.					,	
r RECORD ed EXACTLY, Exact statement		(If death occurred i	No	name instead of street and	number.)	
RECORD EXACT sect state		X/	المستعمر المحارب	/	708	
	2.	FULL NAME	alis (Ittere)		P	
		(a) Residence. No	$\mathcal{T}$	St	(If nonresident give city o	
at t	Le	(Usual place of abode) mgth of residence in city or town where death	occurred. yrs. mos. ds.	How long in U. S., if	of foreign birth? yrs	
LING PERMANENT I should be stated rly classified. Ex		PERSONAL AND STATISTICAL	PARTICULARS	MEDIC	AL CERTIFICATE OF D	EATH
AA be			5. Single, Married, Widowed,	16. DATE OF DEAT	TH .	
. 왕 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	8.	SEX 4. COLOR OR RACE	or Divorced (write the word)	Sa.	ines ( about )	-5- 1029
PE PE	D	emale more			(M.nth) (Da	y) (Year)
¬ < = = = =	Бa	. If married, widowed, or divorced HUSBAND of		17. I HEREBY CERT	TIFY, That I attended dece	ased from
AGE prope		(or) WIFE of	· · · · · · · · · · · · · · · · · · ·			•
	e	DATE OF BIRTH (month, day and year)	,	that I last saw h	alive on	
P. High		AGE Years Months Da	ys If LESS than 1 day,	ł	d, on the date stated above	
KVED FUINK—TH supplied. it may b			hrs. or	The CAUSE OF DEA		/ <b>.</b> \ \ \
콕두 달끝입			min.	Trem	eterre (R	en dead
TE SE	8.	OCCUPATION OF DECEASED		about 10 days before		forl
cer that		(a) Trade, profession, or particular kind of work		deliver	is	
FADING carefully s, so that ce		(b) General nature of industry,			(duration) v	rs,ds.
E S T S K		business, or establishment in which employed (or employer)				10.
52 . 62		(c) Name of employer		CONTRIBUTORY (Secondary)		
⊋ [ ] <b>→ 5</b> [		9			(duration)y	rsds.
WITH WITH Should plain ction	9.	BIRTHPLACE (city or town)	Cloning -	18. Where was diseas	e contracted	
G P B	-	(State or country)		1	death?	_
tring K		10. NAME OF FATHER	Mason	l e	ede death? Date	of
PLAINLY nformation DEATH i		- Mo //acrase (	TX 02 20 1	Was there an autopsy		,
PLAI form DEA' See	TS	11. BIRTHPLACE OF FATHER (city or to	wn) In the	What test confirmed d	iagnosis?	
보 충모 <sub>0</sub>	PARENTS	(State of Country)	τ	(Signed)	29 D	I was a
ant, in	PAI	12. MAIDEN NAME OF MOTHER	- 6 10	19	27 (Address) 7	on your
	-	Jlon	myamphouse	*State the DISEASI	CAUSING DEATH, or in	deaths from VIOLENT
WRJ item AUSE impord		13. BIRTHPLACE OF MOTHER (city or t	own)	CAUSES, state (1)	E CAUSING DEATH, or in MEANS AND NATURE LL, SUICIDAL, or HOMIC	OF INJURY, and (2)
ξÌ		(State or Country)	8 #			Date of Burial
<b>n</b> n	14	Informant My Walace	Sleson	19. Place of Burial, C	Cremation, or Removal	
-Ever state s ver		(Address) Peleura	Jaalis	Luan (	tu	19
7.2.2		3/	777	20. Undertaker	}	Address
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<b>22</b> 3 16	RECEIVED JUL 1 0 1929 STATE OF IDA	но	
PA	DEPARTMENT OF PUBLI	1	
38	PLACE OF DEATH BUREAU OF VITAL ST		
SS	CERTIFICATE OF	DEATH State File No.	
f (	County of Registration District No	37	
_ 2.3 	City of Australia Registration District No.	Local Registrar's No	
en, K	Primary Registration District	No. January	
ORD ACTL statem	(NoX 2 Hansley &	who	
RECORD EXACT cact state	(If death occurred in a hospital or institution, give its	name instead of street and number.)	
	2. FULL NAME Doy Wilson	4. **	
r REC ed EX Exact	1/9	Le St.	
F 3 5	(a) Residence. No	(If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.	
EN stat	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., it of foreign birth: yrs. mos. us.	
ERMANENT uld be state classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
<b>≥</b>	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH	
PERI PERI should	or Divorced (write the word)	neh 8 59	
A PA	Es. It manufactured or divorced	(Month) (Day) (Year)	
3.≪7 ≅ ∥	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from	
AGE prope		to 19	
HIS H	6. DATE OF BIRTH (month, day and year) Freh - 8-1928	that I last saw hall alive on 19.	
	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm.	
at a Bir	hrs. or min.	The CAUSE OF DEATH* was as follows:	
KVED FO INK—TH supplied. it may l tificate.	8. OCCUPATION OF DECEASED	Thought alice from Con-	
<u> </u>	(a) Trade, profession, or /2	presion o coted in	
NG NG Illy that	particular kind of work	birth somas	
FADING carefully 8, so that ick of ce	(b) General nature of industry, business, or establishment in	(duration) yrs. mos. ds.	
FA Cau	which employed (or employer)		
P E E	(c) Name of employer	CONTRIBUTORY (Secondary)	
- T - 3 5	1 - 2 11 0 1	(duration)yrsmosds.	
ould ain lon	9. BIRTHPLACE (city or town) Juin Fralls Idals	18. Where was disease contracted	
WIT shoul plain	(State or country)	if not at place of death?	
Y, K <sub>ir</sub> II	10. NAME OF FATHER Plians les les	Did an operation precede death?	
PLAINL nformatic DEATH See ins	0 1 1	Was there an autopsy?	
PLAINI nformati DEATH See in	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?	
L Sign	(State or Country)	(Signed) , M. D.	
TE ir OF ir ant.	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER (City or town)	10/29 (Address)	
	The man want of the weighable	The same of the sa	
W H S	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMCIDAL.	
Wj item 'AUS impo	(State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
7° 5	14. Men Com beilsons	19. Place of Burial, Cremation, or Removal Date of Burial	
ate ve	Informant Adaha	ot last Consider 19	
7.2	(Address) ## 2 - Howard	20. Undertaker	
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PHYSICIAN of OCCUPA	· • • • • • • • • • • • • • • • • • • •	DEATH	State File No	66881 +	
) j	County of Butte	CERTIFICATE OF I			
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		(No.		)	
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RECORD EXACT		m. Id	<b>a b</b> . ~		
7.3	(a) Residence: No. (Usual place of abode)	11/10,00	st. (1	f nonresident give city or to	own and State)
rat in	Length of residence in city or town where des	th occurred. yrs. mos. ds.	How long in U. S., if of	f nonresident give city or to foreign birth? yrs.	mos. ds.
NG PERMANENT hould be state y classified. I	PERSONAL AND STATISTIC.	AL PARTICULARS	MEDICA	L CERTIFICATE OF DEAT	TH.
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NG PERI hould y clas	Samuel ant.	or Divorced (write the word)	_///	loy 3	19 2 9
X a 4 5	TA monday mid-mad and dimension	Jones C.		(Month) (Day)	(Year)
BINDIN IS A F AGE sh properly	5a. If married, widowed, or divorced HUSBAND of		17. I HEREBY CERT	IFY, That I attended deceased	from
IS I	(or) WIFE of		Mays	19:4 to m/as	. 2 19 3 4
	6. DATE OF BIRTH (month, day and year)	m/au 5-1929	that I last saw h	alive on	19
FOR LANGE	7. AGE Years Months	Days If LESS than 1 day,	and that death occurred	on the date stated above, at.	m.
K—T pplied may cate.		hrs. or	The CAUSE OF DEAT	•	
VED INK—Isupplie		1-7-00 imin.	THE CAUSE OF TEAT	TO AS	
	8. OCCUPATION OF DECEASED  (a) Trade, profession, or	•		gand	·
SE PA	(a) Trade, profession, or particular kind of work		***************************************		
RGIN RESUNFADIN be careful erms, so the back of	11				***************************************
A I A I	(b) General nature of industry, business, or establishment in which employed (or employer)			(duration)yrs	mosds.
N S S S S S S S S S S S S S S S S S S S	III		CONTRIBUTORY	**************************************	
ARGII I UNF I be c terms ong.ba	(c) Name of employer		(Secondary)		•
3 m m - "	m	or I delen	. 44.7 3	(duration)	ds.
MAWITH Should plain ction	9. BIRTHPLACE (city or town) (State or country)		18. Where was disease if not at place of d	contracted	
	10. NAME OF FATHER ON	4		e death? Date of	***************************************
NLY, ttion TH in	soseph 6. That	te I finsen			
PLAINLY nformation DEATH i	70	- Frage 41/2	Was there an autopay?		
Y EAS	2 11. SIRTHPLACE OF FATHER (city or (State or Country)	town)	What test confirmed dis	ann Vacke	<b>.</b>
교육유	<u> </u>	0	(Signed)C	JADO,	Snow
E Off E	11. SIRTHPLACE OF FATHER (city or State or Country)	1	May 5 , 192	(Address)	
WRITE m of i ISE OF	gara ?	grensen			
WRITE item of i	18. BIRTHPLACE OF MOTHER (city of	r town)	CAUSES, state (1) M	CAUSING DEATH, or in deate. EANS AND NATURE OF SUICIDAL, or HOMICIDA	INJURY, and (2)
i A	(State or Country)	- gran	whether ACCIDENTAL	, SUICIDAL, or HOMICIDA	L
To L	14. Charles & Ck	1011-01	19, Place of Burial, Cr	emation, or Removal D	of Burial
-Every state (	Informant William	a lel	000	Ddal 19	1015 1929
7	(Address)	ex pens.	29 Undertaker		ddraw
A PER	15. Filed May 7 1929.	TOSall-	6 Con D	$\mathcal{L}$	10 m
Tigh.	1100	Registrar	MOO.K -	Jarmin 9	Jamay Id

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bir st	FORM V. RECEPTATEDIA UG 9 1070 CERTIFICATE  1. PLACE OF DEATH 4	OF DEATH DEPARTMENT	E OF IDAHO OF PUBLIC WELFARE
shoy ON	Registration District No.	99 BUREAU OF	VIT STATISTICS
	City of St. David Primary Registration Dist	rict No State File No	0 772
<b>₹</b>	If death occurs away from (No	" Togai Registrat	f death occurred in a hos-
	usual residence, give facts		ital, institution or camp, ive its NAME instead of
of B	called for under special information. 2. FULL NAME		treet and number.
T RECORD XACTLY, PHYSICIANS should statement of OCCUPATION is	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
E CTI	2. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID OWED OR DIVORCED		)
FX	WED OF DIVORCED	16. DATE OF DEATH	Emarit.
A PER	Male Write the moral	(Month)	(Day) (Year)
Experience	6. DATE OF BIRTH	17. I HEREBY CERTIFY, That I	attended descensed from
대본 3.4g	Jug 5 1929	17. I HEREBY CERTIFY, That I	
NI THE	(Month) (Day) (Year	Aller The Short In aller on he al	- 1 /
N. S. J. S.	7. AGE IF LESS than day how man	1	
SE S	hrs. o		
THIS OF AGE	YrsMosds		moustroset.
e jag	8. OCCUPATION	C HILL O	)
SERVED 6 INK— supplied. Ny be pr	(a) Trade, profession or particular kind of work	- Still Vom	1
S S S S S S S S S S S S S S S S S S S	(b) General nature of industry, business or estab-	(Duration) V	sds,
	lishment in which employ- ed (or employer)	Contributory	The second second
Sir Line	9. BIRTHPLACE C 4 O +	(Secondary)	_
A 100 A	(State or Country) St. Whony Oak	(Desides) 17 / 7	mos. ds.
E P S S S S S S S S S S S S S S S S S S	10. NAME OF TANK	(Signed)	Charles I.
, WIT hould terms, n back	11. BIRTHPLACE	19 (Address) D.L. U	many salono
LX,	OF FATHER	*State the Disease Causing Death; Causes, state (1) Means of Injury; and	or in deaths from violent i (2) whether Accidental,
P to the second	(State or Country) State of Country)	Suicidal or Housekial.	
P. T. T. S.	OF MOTHER Queudonin Douga	18. LENGTH OF RESIDENCE (For Transients or Recent Residents	Hospitals, Institutions,
ITE PI inform ATH in instruc	18. BIRTHPLACE OF MOTHER	At place In the of death yrs. mos. days, Str	e
WRI DEA See 1	(State or Country)	Where was disease contracted	
<u> </u>	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	if not at place of death?	
E ST	(Informant)	usual residence	
B.—Every its te CAUSE 01 ry important.	(Address)	19. PLACE OF BURIAL OR REMOVA	
	15.	1'elor	aug 5-19 79
e ate	I II - I	20. UNDERTAKER	ADDRESS
Z 7 5	Local Registrar	none	

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NG PERMANENT RECORD hould be stated EXACTLY y classified. Exact statemen		St.  (If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.
BINDING IS A PERMANENT AGE should be stated properly classified. Ex	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOB OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  1. Colob OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  1. Colob OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  1. Colob OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH    JUNE 30 1029 (Month) (Day) (Year)  17. J HEREBY CERTIFY, That I attended deceased from
FOR THIS lied.	6. DATE OF BIRTH (month, day and year) JUNE 30, 1929 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	that I last saw h ali Son 1927  that I last saw h ali Son 1927  and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
RESER ADING Directully so that	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Sail born (durstion) yrs. mos. ds.
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PLAINL Information DEATH	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  LIFTON, IDA	Was there an autopsy?  What test confirmed diagnosis?  (Signed)  M. D.
WRI r item o CAUSE	18. BIRTHPLACE OF MOTHER (city or town)  (State or Country)  TDANO FALLS,  TDANO	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal   Date of Burial
N. B.—Every it should state CAl TION is very in	(Address) CLIFTON, LDANO.	CLIFTON IDAHO JUNE 30, 1999 20. Undertaker PRTHUR W. HALL POCATELLO

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2	STATE OF IDA	HO CONTRACTOR OF
A de	RECEIVED SEP 19 1929 DEPARTMENT OF PUBLIC	C WELFARE DO NOT WRITE IN THIS SPACE
55	PLACE OF DEATH  BUREAU OF VITAL ST	ATISTICS Crit AA
YSICIAN	CERTIFICATE OF	DEATH State File No. 9.1344
E E	County of Registration District No	13
opt o	City of Jalaho Hall Frimary Registration District	/ b
en CT	(No	· · · · · · · · · · · · · · · · · · ·
ORD ACTLY, statemen	(If death occurred in a hospital or institution, give its	name instead of street and number.)
	2. FULL NAME Infant rosur	<u>λ</u>
Ka La	(a) Residence. No. 379 Kawa	St
INT tate	/Frank mlass of Whodo)	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT be state ified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
¥	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
NG PERM hould y class	male while single	(Month) (Day) (Year)
E a fa	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY. That I attended deceased from
BINI IS AGE prope	(or) WIFE of	Serst 3 - 19 29 to Just 3 19 29
S J K	6. DATE OF BIRTH (month, day and year) Sept 3 - 192	7 that I last saw h Walve on 19
FOR reference of the party of t	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at 330 Pm.
K—TH pplied may icate.	hrs. or	The CAUSE OF DEATH* was as follows:
E K K	8. OCCUPATION OF DECEASED	
Et ii		tellon
RESE DING efully so that	(a) Trade, profession, or particular kind of work	
	(b) General nature of industry, business, or establishment in	(duration)yrs mosds.
RGIN UNFA be car erms,	which employed (or employer)	CONTRIBUTORY Not Kny
UN be term	(c) Name of employer	(Secondary)
. 7 = = .	2 DIRECTOR AND STEALER	(duration)yrsmosds.
WITE Should plain ction	9. BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted if not at place of death?
	10. NAME OF FATHER ()	Did an operation precede death? Date of
PLAINLY, iformation DEATH in See instru	picham way	Was there an autopsy?
PLAI lforms DEA7 See	11. BIRTHPLACE OF FATHER (city or toy)	What test confirmed diagnosis?
P g G	(State or Country)	(Signed) M. D.
WRITE item of in AUSE OF important.	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER	19 (Address)
/RI	anna July.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRI item o AUSE imports	18. BIRTHPLACE OF MOTHER (efty or the Clavel (State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~O ~	14. Propard Holland	19. Place of Burial, Cremation, or Removal Date of Burial
Every state (is very	Informant ( A 10 2 2 1 1 1 2	la Man Idalin Sept 4 1024
	(Address) VP.W. J. Halls State Fill	20, Undertaker Address
e de la	15. Filed 1977, 1923 Registrar	V. F. M Han Idalo Fall
2.45	, registrar	1/4

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A 3	5 STATE OF IDAI	HO	
<b>48</b>	RECEIVED NOV 9 1929 DEPARTMENT OF PUBLIC	C WELFARE DO NOT WRITE	IN THIS SPACE
SICIA	PLACE OF DEATH BUREAU OF VITAL ST	ATISTICS	~ COIAA
<u></u> 28 ∥	County Que falls CERTIFICATE OF	DEATH State File No	COOLES
#w /	County Registration District No	3 //	
	City of		r's No
E E	6K /		
ACTLY stateme	(No. ,	name instead of street and number.)	
84#	Robert 12 am		_ (0
RECORD EXACT ract state	2. FULL NAME	<u></u>	<b>,</b> 0
2 28		St. (Tf. nonrealdent citys after	or town and State)
NENT state	(Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city How long in U. S., if of foreign birth?	rs. mos. ds.
ERMANENT uld be stated classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH A ///
M. d. b.	8. SEX 4. COLOR OR RACE 8. Single, Married, Widowed,	16. DATE OF DEATH	- PROVINCE
PER hould	or Divorced (write the word)	(Ver 3	9 يـــــــ /
A P sho erly	En 18 manufad uniformed on discount	(Month) (D	ay) (Year)
E A	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17 HEREBY CERTIFY, That I attended de	pageod theme on
IS AGE prop	(or) withou	Wet. 1929, 4000	Loon
F P	6. DATE OF BIRTH (month, day and year)	that I lest saw handles and the same saw handles and the saw handles are saw handles and the saw handles are s	, 19
H de A	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above	e, atm.
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Z d = i	8. OCCUPATION OF DECEASED	Wrimature o	itt
T A T		3 mon	the second
Z H # J	(a) Trade, profession, or particular kind of work		
S a c	(h) General nature of industry, business, or establishment in which employed (or employer)	(duration)	yrs ds.
E 2 8 2	which employed (or employer)	CONTRIBUTORY	
525	(c) Name of empleyer	(Secondary)	· •
H Z H Z		(duration)	yrsds.
tribin tribin	9. BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted if not at place of death?	
La La	10. NAME OF FATHER	Did an operation precede death? Date	
LY Hion		Was there an autopsy?	W
Nat Fire	(v)	What test confirmed diagnosis?	·
form DEA See	2 11. BIRTHPLACE OF FATHER (city or town).	(Signed) 6. On Wea	wer M.D.
T TE	12. MAIDEN NAME OF MOTHER	10/22 1829 (Address) Twin	Falls.
1 50 E	12. MAIDEN NAME OF MOTHER	(Aggreen)	
WR]	•	State the DISEASE CAUSING DEATH, or i	n deaths from VIOLENT
in the contract of	18. BIRTHPLACE OF MOTHER (city of tewn) (State or Country)	State the DISEASE CAUSING DEATH, or i CAUSES, state (1) MEANS AND NATURE whether ACCIDENTAL, SUICIDAL, or HOMI	OF INJURY, and (2)
P.O.	14.	19. Place of Burial, Craftation, or Removal	Date of Burial
very	Informant	7 Lace	19
is v sta	(Address)	Lun Taco	
ద골	15. Filed 1/- 5-29, 19 Da Du Cougele	20. Undertaker	Address
1957 1957 1957	Filed 7-7, 19 Registrar	4-6. Wrape	
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STATE OF IDAHO RECEIVED DEC 5 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No .... County of Minn Registration District No.... Local Registrar's No. Primary Registration District No. City of Assamu (1) death occurred in a hospital or institution, give its name instead instead of street and number.) EXACTLY Exact (a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred vrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word) 16 DATE OF DEATH should 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) Wife of 6 DATE OF BIRTH (month, day and year) that I last saw h\_\_\_\_\_ alive on \_\_\_\_ 7 AGE Years Months Days If LESS 1 day, than and that death occurred, on the date stated above, at \_\_\_\_ hrs. or .....min. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in g ...... (duration) ...... yrs. ...... mos. \_\_\_ which employed (or employer) instructions CONTRIBUTORY ..... (c) Name of employer (Secondary) ...... (duration) ...... yrs. ..... mos. ..... ds. BIRTHPLACE (city or town) plain (State or country) 18 Where was disease contracted if not at place of death?\_\_\_\_\_ 10 NAME OF FATHER Did an operation precede death?..... Date of ...... Was there an autopsy? 11 BIRTHPLACE OF FATHER What test confirmed diagposis?... important. (State or country) (Address) Rulost. Co \*State the DISEASE CAUSING DEATH, of in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (city op town LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Informant... 19 Place of Burial, Cremation, or Removal Date of Burial ATION (Address) 20. Undertaker Address

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*	PLACE OF BIRTH STATE OF IDAHO RECEIVED FED & 10 DEPARTMENT OF PUBLIC WELFARE
<b>₽</b> ₹	County of RECEIVED FEB 8 10 DEPARTMENT OF PUBLIC WELFARE
<b>4.3</b>	County of BUREAU OF VITAL STATISTICS
83	City of //2 and //2
ጅ =	CERTIFICATE OF BIRTH 167924
<b>2 2</b>	Nost.
F4 #2	493-116014-286 Registration District No. 2 State File No.
艺 1	and the same of th
	(If born in hospital or institution give name.)  Prim. Registration District No. 10 C. Local Registrar's No. 2
3z.	give mane.) Frim. Registration District No. Local Registrar's No.
252	FULL NAME OF CHILD Infant of Mrs Chigai Millett
ERM/ ETUR stated	(If stillborn, substitute the word "Stillbirth" for name of child)
選記 第	
0 2 .a	DEAUL TO A Triblet Sand With Order LACKILLO ( ) The Sand With Order LACKILLO ( ) The Sand With Order 1.7
<¤₽	Child or other? (of birth mate?
2 E 2	(Magth) (Day) (Year)
# 2 %	What prophylactic was used to prevent Ophthalmia Neonatorum?
22 H	,7
田島市	Number of child of this mother, including present birth (a) Born alive and now living
SEP	Born slive but now dead Stillborn
7 6.5	FATHER MOTHER
244	FULL OF A MAIDEN
P.E.G.	NAME OUG tentant with NAME france 4.
<u>ت ت</u> ق	Professional Company of the Company
Zag	Residence (Usual/place of abode) Residence (Usual/place of abode)
<b>SH</b> F	If nonresident, give place and State If nonresident, give place and State
244	31 37
EXE	Color or race Age at last Birthday (Years) Color or race Age at last Birthday (Years)
5 4 4	Birthplace / Lak (Years) Birthplace Alek and (Years)
m _ 9	(City and State or Country)
	Occupation Occupation
F##	CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE
P 0 2	(Barrellin) (7/5 4
× 9	I hereby certify that I attended the birth of this child, who was Stillborn at M.
F B 및	on the date above stated.
1 m 3	
4.	(Signature)
분호	*Where there was no attending physician
_ 0	or midwife, then the father, householder, (Physician or midwife)
	detc., should make this return. A stillborn
5	child is one that neither breathes nor Address
24	A compatible and down and the color bends
<b>,</b> 1	shows other evidence of life arter birth.
Z	Registrar.
	/T

e L . 

PHYSI- xact stater	Fown V. S. No. 5 20M.P16-12B 8 10.20 CERTIFICATE  1. PLACE OF DEATH. Registration District No.:	BOARD OF HEALTH
t BH	_	CAACA
ğ		
βiệ	City of (No, If death occurs away from usu-	St.) Registered No
g Gg	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME WALL	If death occured in a hospital, institution or camp, give its NAME instead of street and number.
RECORD. I EXACTU classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.
· <u>. · . · . · . · . · . · . · . · . </u>	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-	16. DATE OF DEATH
LANENT be state properly ficate.	Mach III to OWED OR DIVORGED.	1 16- 29
4G ERMANE uld be st be proper	(Write the Gord.)	(Month) (Day) (Year)
tip b	6. DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended deceased from
PER PER Cer	1- 16029	1-16-10-9 to 1-16 10-9
	(Month) (Day) (Year)	that I last saw h / alive on 2 191
BIN BIS 4 AGE t tt n back	7. AGE . Stillion IF LESS than 1 day	
	how many . Q how many . Q or	
S that IN	8. OCCUPATION	The CAUSE OF DEATH* was as follows:
PFO Plied So So Ions	(a) Trade, profession or	Stillborn - 7 mo geslate
VED INK- suppl erms, truction	particular kind of work (b) General nature of industry	Hydrociolialus
ERVED  VG INK- Ily supp  n terms, instructi	business, or datablishment in	
String and the string of the s	which employed (or employer)	(Duration) yrs. mos. ds.
H L L L L	9. BIRTHPLACE (State or Country)  Omno	Contributory
F E C S	10. NAME OF	(Secondary)
	TATHER A CAMA O MONTO . IN MONTO THE	(Duration) yrs mos. ds.
MARG WITH should DEAT import	11. BIRTHPLACE	(Signal) D.
Z Habi	OF FATHER	1-17-19 2 (Address) ( / lamgo, Oda (D)
Y, V ion ion ery	(State or Country) 12. MAIDEN NAME O	*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
MLY mati USE is ve	OF MOTHER Wrowil Shomatrer	18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
LAI nfor CAI	13. BIRTHPLACE	Transients or Recent Residents.)
PL te (	OF MOTHER (State or Country)	At place In the of deathyrsmosdays. Stateyrsmosdays.
rE of sta	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
WRIT item ould		if not at pace of death?
. Pdo	(Informant)	usual residence.
ver S s	(Address)	19. PLACE OF BURIAL OR BEMOVAL   DATE OF BURIAL
7924 B.—E. CIAN	15.	of ferm - 1 a. se 191
P C H	Filed 1912 7 Files Arment	20. UNDERTAKER ADDRESS
	Local Registrar	1 Jane 1 / hours
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ERMANENT RECORD STURN must be made for stated.	STATE OF IDAHO County of Cleans during DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of County of Cleans during DEPARTMENT OF BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  Registration District No. State File No. 680.33 Prim. Registration District No. 21 68 Local Registrar's No. 21 FULL NAME OF CHILD Downs May Still buth
S A PERN TE RETU birth stat	Sex of Child Twin Triplet and Number in order or other? (To be answered only in event of plural births)  (If stillborn, substitute the word "Stillbirth" for name of child)  Legitimate?  Date of birth / 7 - 1929  (Month) (Day) (Year)
THIS IS SEPARA	What prophylactic was used to prevent Ophthalmia Neonatorum?  Number of child of this mother, including present birth (a) Born alive and now living O  Bornalive but now dead Stillborn
ING INK at birth of each, i	FULL NAME Suan Space of abode) Fuppe Sta Residence (Usual place of abode) Residence (Usual place of abode) Residence (Usual place of abode)
UNFADIN one child at e number of	If nonresident, give place and State  Color or race  White Age at last Birthday (Years)  Birthplace  (City and State or Country)  If nonresident, give place and State  Color or race  White Age at last Birthday (Years)  Birthplace  (City and State or Country)
LY WITH more than ch and the	Occupation  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF  I hereby certify that I attended the birth of this child, who was Still on attended the born on the date above stated.
WRITE PLAINLY N. B.—In case of mo each	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  (Signature)  *The father (Signature)  *Address  *(Physician or midwife)  Address  Filed **Def.**  *Filed **Def.**  **Registrar.**

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CORD KACTLY, PHYSICIANS statement of OCCUPA-	(If death occurred in a hospital or institution, give its r	DO NOT WRITE IN THIS SPACE State File No. 64555  Local Registrar's No
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECAUSE OF DEATH in plain terms, so that it may be properly classified. Exact important. See instruction on back of certificate.	2. FULL NAME.  (a) Residence. No  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  (State or country)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER  (city or town)  (State or Country)  13. BIRTHPLACE OF MOTHER (city or town)  (State or Country)	
N. B.—Every should state C TION is very		20. Undertake have haddress Address

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21	F	PCEIVED	STATE OF IDA	но	<u> </u>
AF	-	RECEIVED FEB 6 1929	DEPARTMENT OF PUBLIC	C WELFARE DO NOT	WRITE IN THIS SPACE
- <u>55</u> -		PLACE OF DEATH	BUREAU OF VITAL ST	ATTETTAE	
	<u></u>	ounty of Franklin	CERTIFICATE OF	DEATH State File	No. 64581
# to	1	•	Registration District No	*/ <sup>1</sup> /	
at .	Ci	ty of Dayton,	Primary Registration District		Registrar's No
RECORD EXACTI		(If death occurred	in a hospital or institution, give its	name instead of street and number.)	<i>)</i>
	9		rs		
ENT RECORD stated EXACTLY, PHYSICIANS of Exact statement of OCCUPA-	1				
F BE	_	(a) Residence. No		(If nonresident	t give city or town and State)
	==	ength of residence in city or town where desi	ta occurred. yrs. mos. us.	now long in U. S., it of loreign birt	nr yrs. mos. ds.
G ERMAN ould be classifie		PERSONAL AND STATISTICA		MEDICAL CERTIFIC	SATE OF DEATH
		SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH Jan. 11,	1020
ING PERN should rly clas		Female Chite	Single	(Month)	(Day) (Year)
	58	a. If married, widowed, or divorced HUSBAND of	· •	17. I HEREBY CERTIFY, That I s	
BINI S IS A AGE prope		(or) WIFE of	·		to, 19
M S A D	6.	DATE OF BIRTH (month, day and year)	Jan 11 1929	that I last saw h alive on	
FOR THIS ed. A			Days If LESS than 1 day,	and that death occurred, on the date	,
	}		O min.	The GAUSE OF DEATH* was as for	ollows :
RVE INK sup it r	R	OCCUPATION OF DECEASED		Unknows, Stillbor	1
	-		·		
SES SINC SEE	1 :	(a) Trade, profession, or particular kind of work NORS		****	
		(b) General nature of industry, business, or establishment in	·	(durati	
MARGIN RESE IT UNFADING ild be carefully in terms, so that n on back of con		which employed (or employer)		CONTRIBUTORY	
		(c) Name of employer		(Secondary)	•
WITH WITH should plain ction c	9.	BIRTHPLACE (city or town) Dayt	on. Idaha		on)yrsmosds.
WI sho pla pla ctiv		(State or country)		18. Where was disease contracted if not at place of death?	
tring X		10. NAME OF FATHER	nttana	Did an operation precede death?	Date of
PLAINLY, nformation DEATH in See instr			utters,	Was there an autopsy?	
PLAI nform DEA' See	18	11. BIRTHPLACE OF FATHER (city or (State or Country) Utah		What test confirmed diagnosis?	D. 10
H P	PARENTS	0 0 4 1 1		(Signed)	Cutles, M. D.
WRITE item of ir important.	PA	12. MAIDEN NAME OF MOTHER hum	wa <b>y</b>	1-12-29 , 19 (Addre	B) Friston, Idaho
WRI' item o		18. BIRTHPLACE OF MOTHER (city or		*State the DISEASE CAUSING DI	EATH, or in deaths from VIOLENT
		(State or Country) Utah		*State the DISEASE CAUSING DI CAUSES, state (1) MEANS AND whether ACCIDENTAL, SUICIDAL,	NATURE OF INJURY, and (2) or HOMICIDAL.
, POP	14	<u> </u>		19. Place of Burial, Cremation, or R	
PS Frery rery	-	Informant David "	utters,	٠	Date of Burial
807		(Address) Dayton, Id	ana A	Daytor, Idaha	
	15	Filed 2, 1929	fk (either)	20. Undertaker	Address
N. B. Should Trion	<u> </u>	, 10	Registrar		Annual Control of the

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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

PLACE OF BITTH FEB 7 1929 STATE OF IDAHO  552-126 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				
County of Laigh	CERTIFICATE OF BIRTH   68255			
	No File No			
Hospital Soland Empire Primary Registration	District No.\Q\\\ Registered No			
	cate of no value without full name of child.)			
Sex of Child Male Twin Singlet Singlet Solution or other?  (To be answered only in event of plural biggs.)	rths) Legiti- mate? les.  Date of birth (Month) (Day) (Year)			
What bacterioidal solution was used in eyes?	no			
Number of child of this mother, including present birth Nu	mber of child of this mother now living, including present birth			
FULL SIQUARD PATHER	MOTHER . Som .			
RESIDENCE O MOSCOW - DdA.	moscow '			
color white . AGE AT LAST 31 (Years)	white AGE AT LAST 30 (Years)			
BIRTHPLACE	BIRTHPLACE Nelos			
occupation ment cutter	occupation w.			
CERTIFICATE OF ATTENDI	NG PHYPIC NO MIDWIFE 1150			
I hereby certify that I attended the birth of this child, who was				
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.				
Give names added from a supplemental report.  Address				
, 19	elry 1929 WHO arithers			
Registrar.	Registrar.			

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	<b>t</b> :	

RECEIVED FEB State of Idaho CERTIFICATE OF DEATH Form V. S. No. 5. 10M. 6-20-11. BOARD OF HEALTH d EXACTLY. PHYSI-classified. Exact state-Bureau of Vital Statistics Registration District No. PLACE OF DEATH. Latah Primary Registration District No.1011 File No. 64645 County of Moscow Registered No. (No.\_\_\_\_St.) City of If death occurred in a hospital, in-If death occurs away from usu-Ness ) Baby stitution or camp give its NAME al residence, give facts called for under special information. 2. FULL NAME instead of street and number. RECORD. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-3. SEX 16. DATE OF DEATH OWED OR DIVORCED. be properly certificate. Jan . 26 White Male (Write the word.) (Month) (Dav) (Year) should be I HEREBY CERTIFY, That I attended deceased from 6. DATE OF BIRTH 1929 Jan. may sk of (Year) (Month) (Day) that I last saw k IF LESS than 1 day 7. AGE and that death occurred on the date stated above. at 2 Stillborn how many ..... hrs. or yrs. mos. ds. The CAUSE OF DEATH\* was as follows: 8. OCCUPATION (a) Trade, professsion, or particular kind of work ..... (b) General nature of industry business, or establishment in which employed (or employer) .... (Duration) 9. BIRTHPLACE Contributory / (State or Country) (Secondary) 10. NAME OF (Duration Sigurd Ness FATHER (Signed) 11. BIRTHPLACE 1/29 OF FATHER North Dakota Haton (State or Country) .—Every item of information a CIANS should state CAUSE OF ment of OCCUPATION is very \*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL, 12. MAIDEN NAME Grace Isom 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE At place In the OF MOTHER of death......yrs......mos......ds .State.....yrs.....mos.......ds. Allince Nebraska (State or Country) 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was Disease contracted. If not at place of death?.... Former or Sigurd usual residence..... (Informant) 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Moscow Idaho. Mosccw Idaho. 15. ADDRESS 20. UNDERTAKER SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever. write None.

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r RECORD st be made for	City of Ruper County of Ruper County of Ruper County of St. Registration District	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  SERTIFICATE OF BIRTH No
PERM RETUI	FULL NAME OF CHILD. Unional	District No. 2 Local Registrar's No. 2 Local Registrar
K—THIS IS A REPARATE in order of k	What bactericidal solution was used in eyes?  Number of child of this mother, including present birth 6 Numb  FULL FATHER  NAME	2 6-70- 20-00 er of child of this mother now fiving, including present birth  FULL MAIDEN NAME  Wallet  Wallet
TTH UNFADING INK. an one child at birth a the number of each,	COLOR AGE AT LAST 45  White BIRTHDAY (Years)	COLOR AGE AT LAST 39 White BIRTHDAY (Years)
≥ <del>5</del> = 5	OCCUPATION Cress Buyer  CERTIFICATE OF ATTENDING	OCCUPATION X LUCLUMAN  3 PHYSICIAN OR MIDWIFE*
WRITE PLAINLY N. B.—In case of more each an	I hereby certify that I attended the birth of this child on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Address:  Registrar.	Y (4 211)
	wekistrar.	, · Registrar.

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D FLY, PHYSICIANS eng & of OCCUPA-	PLACE OF DEATH  County of City	DO NOT WRITE IN THIS SPACE State File No
RGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT RECORD be carefully supplied. AGE should be stated EXACTLY, erms, so that it may be properly classified. Exact statems to back of certificate.	(M) death occurred in a hospital or institution, give its  2. FULL NAME.  (a) Residence. No (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  F. SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Diverced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	name instead of street and number.)  St. (If nonresident give city or town and State)
MARGI WRITE PLAINLY, WITH UNI N. B.—Every item of information should be should state CAUSE OF DEATH in plain term TION is very important. See instruction on ba	9. BIRTHPLACE (city or town) 10. NAME OF FATHER Canh Musico 11. BIRTHPLACE OF FATHER (city or town) (State or Country) 12. MAIDEN NAME OF MOTHER (city or town) (State or Country) 18. BIRTHPLACE OF MOTHER (stay or town) (State or Country) 19. MAIDEN NAME OF MOTHER (city or town) (State or Country) 11. BIRTHPLACE OF MOTHER (city or town) (State or Country) 12. MAIDEN NAME OF MOTHER (city or town) (State or Country) 13. BIRTHPLACE OF MOTHER (city or town) (State or Country) 14. Informant (Address) 15. Filed 16. The Main Canh Market (City or town) (State or Country) 16. Registrar	(Secondary)  (duration) yrs, mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death? Date of Was there an autopsy?  What test confirmed diagnosis?  (Signed) M. D.  19 (Address) M. D.  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal Date of Burial 20. Undertaker  Address

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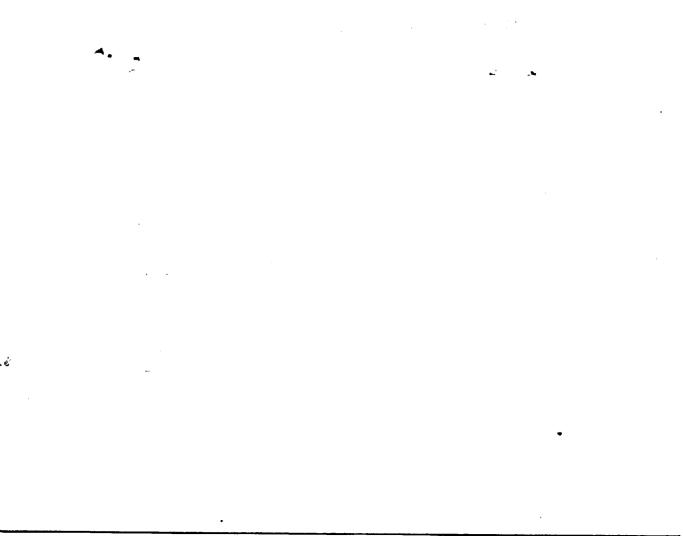
Do not accept a certificate of death signed only by a

midwife.

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	PLACE-OF BIRTH ST	ATE OF IDAHO
	County of LUMPE ALL FEB 1 2DEBARTMEN	T OF PUBLIC WELFARE
	BUREAU	OF VITAL STATISTICS _
	City of Suren Falls	FICATE OF BIRTH
	No. 22704072 275. St.	
4	The state of the s	37 State File No. 1684.15
	(If born in hospital or institution Prim. Registration Distric	t No. 1085 Local Registrar's No.
ਡੋ	FULL NAME OF CHILD Still little all	Pane )
5		word "Stillbirth" for name of child)
<b>a</b>	Twin ) (Number	ti_ Date of \
Dirth	Sex of Child Male Triplet and in order or other? (To be answered only in event of plural births)	**************************************
6	What prophylactic was used to prevent Ophthalmia Neonatorum	
ē	Number of child of this mother, including present birth 5 (a) Born	alive and now living 5
6		
5	Born alive but now dead Stillborn	MOTHER
ď,	FULL William James allan MAIDEN NAME	Margaret Squin
e	Residence (Usual place of abode) 131 Walnut Residence	(Usua) place of abode) 131 Walnut
-	If nonresident, give place and State Bulk, Idahs If nonres	ident, give place and State Bulk Stale
8	3 7 7	36
5	Color or race Age at last Birthday C (Years)	(Years)
=	Birthplace Wittle Mon Cana Birthplace	(City and State or Country)
<u> </u>	Occupation (City and State or Country) Occupation	
-	CERTIFICATE OF ATTENDING PHYSIC	
Ē	a continuate of attendance in the	(Rora alist) 5 /2
g	I hereby certify that I attended the birth of this child, who	vas (Stillborn ) at
ğ	on the date above stated.	Atton no
٦	(Signature)	O W Mas Masses
	( *Where there was no attending physician )	
-	or midwife, then the father, householder,	(Physician camidwife)
ı	ate should make this noturn. A stillhown	Buchl tolake
	child is one that neither breathes nor	
	shows other evidence of life after birth. Filed . 7 = 0	1907
-	,	Registrar,

STATIST OF STREET DECAUTOF VAPAL STATISTICS. Regist astor Blatchet Warner .. State File Box Print Reclination District Mo. ... Local Boulettas Land Villatoria modaline he would be distrib. for mane of challe Lo stell oe after the entire only in the many barden (Market) (Market) Child That progressible was used to prevent thitbained Neonatoruse! Burnhee of this mother, including present print the (a) Brun plus and good before Born after hut now delic. ..... अञ्चलेकार एउट and the second and the Rouldingen (Viscos) to expense of schools Residence (Mond place of about) M. seprentiant give place and from sales and property If nonremident, give place and State. Marke bon Country and Spots or Country) OSSTIMORAL OF ALTERNING ASSECTATE A CO. I hereby certify that I attended the birth of this child, who was a billion at atan the dute above at \*Whe e there was no attending physician (Farmician os mide .ce) or milyile, there is ther, botscholder, etc. shouldmake this return. A stillborn child is one that neither beathes nor shows other evidence of life after birth. The same of the sa

PERMANENT RECORD RETURN must be made for h stated.	No. St.  26 (1) 3 00 369 Registration Dist.  (If born in hospital or institution give name.)  FULL NAME OF CHILD.	rict No. 7.6.  n District No. 2.1.	UBLIC WELFARE L STATISTICS OF BIRTH State File No	
PER RET h sts	Sex of A Twin Sex of A Triplet and in order	Legista D	birth" for name of child)	. <u></u>
TE	Child or other? of birth or other? To be answered only in event of plural birth	mate?	(Month) (Day)	(Year)
RAT of	What prophylactic was used to prevent Ophthalmia Neonatorum			
SEPA order	Number of child of this mother, including present birth (a) Born alive and now living			
	Born alive but now dead Stillborn			
birth each, i	FULL Havard Willel	FULL MAIDEN NAME	dys Lasta	
1	Residence (Usual place of abode) Residence (Usual place of abode)			
FADIN child at nber of	If nonresident, give place and State	If nonresident, give p		
	Color or race Age at last Birthia (Years)	Color or race	Age at last Bi	rthday (Years)
H UN n one	Birthplace (City and State or Country)	<b>~</b> `	City and State or Country)	e
tha th	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
PLAINLY Vase of more each an	I hereby certify that I attended the birth of this child, who was Stillborn at			
WRITE PLA N. B.—In case	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	<b></b>	(Physician or midwife)	all.
			i equi	7



PHYSICIANS t of OCCUPA.	County of Bowner STATE OF DEPARTMENT OF PURPOSE OF DEATH CERTIFICATE	UBLIC WELFARE LL STATISTICS OF DEATH  DO NOT WRITE IN THIS SPACE  64886  State File No		
RECORD EXACTLY, PH	City of Sandpoint, da.  Registration District No			
<u>ک</u> ر ہے	(a) Residence. No	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
ING PERMANENT should be state ly classified. E	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowe or Differed (write the word)	medical certificate of Death  d. 16. Date of Death  [19.2] (Month) (Day) (Year)		
BINDI ISA AGE s proper	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year) 7eb.3 1929	17. I HERBEY CERTIFY, That I attended deceased from  19.  that I last saw h		
E de la	7. AGE Yesfis Months Days If LESS than 1 min.	day, s. or and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH* was as follows:		
MARGIN RESERVED IH UNFADING INK— ild be carefully suppl in terms, so that it m n on back of certificat	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	9 mo. gestation  (duration) yrs. mos. ds.  CONTRIBUTORY of well bear		
, WIJ	9. BIRTHPLACE (city or town) Sandfagnt all (State or country)  10. NAME OF FATHER //	(duration)yrs,mos. ds.  18. Where was disease contracted if not at place of death?		
PLAII nforma DEA1		Was there an autopsy?  What test confirmed diagnosis?  (Signed) SEGlesse-MD M. D.  Held H., 1929 (Address) Sandpoint, Ida		
WRITE ritem of i CAUSE OF important.	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
Every d state	14. Informant CC & Long (Address) and from the dales (ruras	19. Place of Burial, Cremation, or Removal  Sandy Samt, Ida. (Pural) Feb. 5 1939  20. Undertaker  Date of Burial  Date of Burial  Address		
N. B should	Filed flb 9, 1929 Wefourty Registre	grandfather Sandfromt		

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Chack," "Wastania," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

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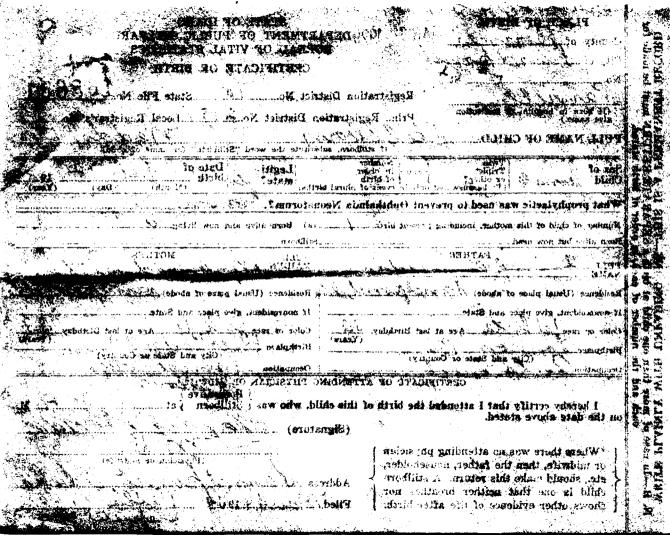
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Do not accept a certificate of death signed only by a

midwife.

PLACE OF PHETE STATE OF IDAHO ERMANENT RECORD 1020 DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No.... (If born in hospital or institution Prim. Registration District No. 2/55 Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Legiti-Date of Triplet in order birth Child or other? of birth mate % (To be answered only in event of plural births) (Month) (Dav) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth... (a) Born alive and now living..... Born alive but now dead\_ Stillborn FATHER FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) San If nonresident, give place and State .... If nonresident, give place and State at last Birthday... ge at last Birthday (Years) Birthplace City and State or Country) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR more PLAINLY I hereby certify that I attended the birth of this child, who was Stillbe on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.



STATE OF IDAHO RECTIVED MARK DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS \_ PLACE OF DEATH State File No. 64893 CERTIFICATE OF DEATH County of 100 nnes Registration District No..... Local Registrar's No. Primary Registration District No. 2 153 EXACTLY, PERMANENT RECORD (If death occurred in a hospital or institution, give its name/ipstend of street and number.) 2. FULL NAME. (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. vrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX COLOR OR RACE 5. Single, Married, Widowed. 16. DATE OF DEATH should or Divorced (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Year Months Davs and that death occurred, on the date stated above, at The CAUSE OF DEATH\* was as follows: min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) \_\_\_\_vrs. \_\_\_ mos. which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) should (duration) \_\_\_\_yrs. \_\_\_mos. 18. Where was disease contracted (State or country) if not at place of death? 10. NAME Did an operation precede death? Date of Was there an autopsy? \_ 11. BIRTHPLACE OF FATHER (city or (State or Country) OF 12. MAIDEN NAME OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city (State or Country) Place of Burial, Cremation, or Removal Date of Burial Informant. (Address) Address Registrar

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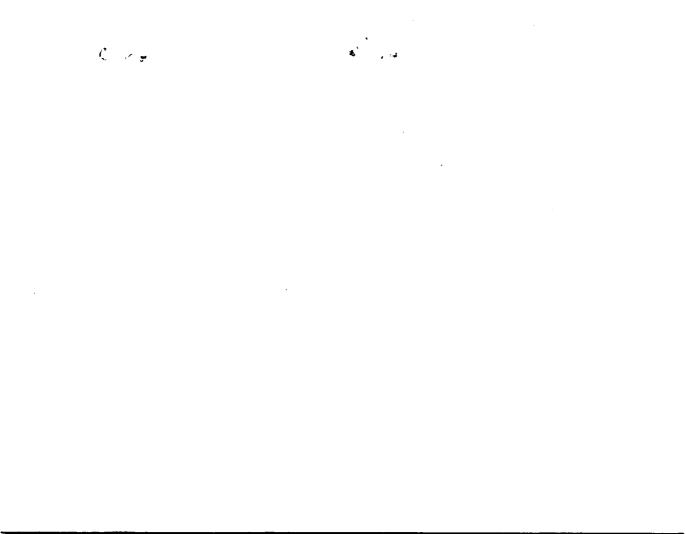
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Do not accept a certificate of death signed only by a midwife.

FEB 2 2 1920 STATE OF PUBLIC WELFARE RECORD BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 2 PERMANENT State File No. (If born in hospital or institution Prim. Registration District No. 14 O Local Registrar's No. 14 give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Sex of Legiti-Triplet in order Child or other? of birth birth mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead..... Stillborn MOTHER FULL MAIDEN NAME Residence (Usual place of abode) If nonresident, give piace and State If nonresident, give place and State (Years) (Years) Birthplace Birthplace\_ (City and State or Country) (City and State or Country) Occupation more Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDI 1. 15a. M. I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF BLAND THERE OF PUBLIC WELFAUS THEAU OF VITAL BLANSTICS CERTIFICATE OF BERNE Register in District No. ... Local Temperorary Vo. Prince of a coling District Land the by the tall the tell of the other of the state of the -friend. has neutily lactic was used to prevent (lobifullialistic Secretarius)? Author of child at the modern including present birth his his to be the birth with the birth will be been always and the birth to be been always and the birth THICK 378744 "If acaresident, give place and finete... Friencishicat, creatplace and State Cotor or case the wall that Ave at hat Blittings. The declarate ( Country ) (City and State in Country) December of the second CENTEROADE OF ATTIMINE PRESIDEN OR MINETER I hereby certify that I attended the birth of this child, who was a School yon the data above erated. (Bleneture) "When there was no attenuity paveicien or midwife, then the father, householder, eto, should make interespon. A stitution chief in one that neither breather not ther exidence of the after wirth.

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-	County of County of Cartificate OF Certificate OF City of Flux County Of Cou				DEATH	State File No	UUURI
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					Local Periotron's No.		
			(No			)	
			(If death occurred in a hispital	or institution, give its	name instead of street and	number.)	
	RECORD EXACTLY, act statemen	2.	FULL NAME SULY DISC		*******		
	Xad Xad	-	(a) Davidson No.	- 1	St		
	ENT stated d. Ex	т.	(Usual place of abode) ngth of residence in city or town where death occurred.		How long in U. S., if o	If nonresident give city	or town and State)
	PERMANENT hould be state y classified. E						
	Eig E		PERSONAL AND STATISTICAL PARTICUL			L CERTIFICATE OF 1	DEATH
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É	IS TO D		(or) WIFE of	,	2-1		-/ 1929
	INK—THIS supplied. it may be ificate.	6.	DATE OF BIRTH (month, day and year) 2 -	1-29	that I last saw h	alive on	. 19
FOR		7.	AGE Years Months Days I	LESS than 1 day,	and that death occurred	l, on the date stated abov	e, atm.
. 8			,	hrs. or min.	The GAUSE OF DEAT	TH* was as follows:	
×		8.	OCCUPATION OF DECEASED		Stiller		
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E	UNFADING be carefully erms, so tha		(b) General nature of industry,		Management (1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
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153	UNI be term		(c) Name of employer		CONTRIBUTORY A	supsyd	Molles
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2	NLY, WITH ation should I'H in plain instruction	9.	BIRTHPLACE (city or town)	<u> </u>	18. Where was disease	contracted	and many remarkables and and a second
	F de Ct		10. NAME OF FATHER	7)	if not at place of d		_
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	🖴	PARENTS	12. MALPHO NAME OF MOTHER	0.44.	19	2 G (Address) Dag	alan V
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	WRITE item of i AUSE OF important.		18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	ay co	*State the DISEASE CAUSES, state (1) M	CAUSING DEATH, or in LEANS AND NATURE L, SUICIDAL, or HOMIC	deaths from VIOLENT OF INJURY, and (2)
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11	Ever state is ver		(Address)	1,3			19
$\dot{\phi}$	1 1	15.	(1)		20. Undertaker		Address
7/	N. B.		Filed , 19	Registrar			

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STATE OF IDAHO OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF Registration District No. 105 State File No..... (If born in hospital or institution Prim. Registration District No. 2183 Local Registrar's No. 9 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth .... Child or other? of birth mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living.... Born alive but now dead Stillborn MOTHER FULL FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Color or race Age at last Birthday. Birthplace Birthplace\_ (City and State or Country (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was I Stillb on the date above stated. \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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FORM V. S. No. 5-25 M. RECEIVED MAR Q CERTIFICATE OF DEATH State of Idaho PLACE OF DEATH BOARD OF HEALTH Registration District No..... Bureau of Vital Statistics Primary Registration District No. 2/83 County of City of. Registered No..... If death occurs away from If death occurred in a hosusual residence, give facts called for under special inpital, institution or camp, give its NAME instead of Stillbirg formation. street and number. 3 should instructi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RECORD 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-OWED OR DIVORCED PERMANENT RECO ACTLY, PHYSICIANS very important. See in 16. DATE OF DEATH (Write the word.) 6. DATE OF BIRTH (Month) (Day) A PERMA EXACTLY, N is very in 17. I HEREBY CERTIFY, That I attended deceased from (Month) (Dav) \_\_\_\_\_\_19\_\_\_\_\_to \_\_\_\_\_\_19\_\_\_\_ 7. AGE IF LESS than 1 day that I last saw h alive on 19 how many.....hrs. or min.? 8. OCCUPATION (a) Trade, profession or particular kind of work.... (b) General nature of industry, business or establishment in which employed (or employer)..... .....(Duration) Yrs. mos. 9. BIRTHPLACE Contributory (State or Country) (Secondary) 10. NAME OF (Duration) yrs. mos ds FATHER 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death vrs. mos. days. (State or Country) Where was disease contracted if not at place of death? usual residence OF BURIAL OR REMOVAL DATE OF BURIA 15. Local Registrar SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ................(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the iniurv. as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

Form V. S. No. 11-C-25m-9-8-15 STATE OF IDAHO 1929 BUREAU OF VITAL STATISTICS County CERTIFICATE OF BIRTH RECORD Registration District No. Primary Registration District No. Registered No.\_\_\_\_ Hospital **FULL NAME OF CHILD** Twin Triple Sex of or other? Child mate? (To be answered only in event of plural births) FULL FULL NAME MAIDEN RESIDENCE RESIDENCE COLOR AGE AT LAST COLOR FADING BIRTHDAY .. BIRTHDAY ... (Years) BIRTHPLACE BIRTHPLACE New Brunswie 17 OCCUPATION OCCUPATION Number of child of this mother, including present birth. ildren of this mother now living. I hereby certify that I attended the birth of this child, who on the date above stated, (Born alive or stillborn) \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that WRITE neither breathes nor shows other evidence of life after birth. Given names added from a supplemental report. Registrar S-Y-CO 38071

Form V.; No '1-Ged5m-9-8-15 STATE OF IDAHO
BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

CAUSE OF DEATH n back of certificate.	PLACE OF DENTITED MAR ? Regulation District No	
9	County of Primary Registration Dist	trict No. 2/48 File No65038
c CAUSE on back	City of (No	St.) Registered No
state ons o	formation. 2. FULL NAME.	street and number.
ould c	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECORD YSICIANS sho tant, See inst	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED (Write the word.)  6. DATE OF BIRTH	16. DATE OF DEATH  Stillbry 23 1929  (Month) (Day) (Year)
G PERMANE ACTLY, PH	9 an 23 1929 (Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended deceased from
INDING IS A P. Led EXAC	7. AGE  IF LESS than 1 day how many	that I last saw h alive on 19, and that death occurred on the date stated above, at M.
FOR B THIS be stat CUPAT	8. OCCUPATION	The CAUSE OF DEATH* was as follows:
RESERVED FOR DING INK — 1 AGE should be beneat of OCC	(a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer).	Stillbon
ARGIN RESIN UNFADIN Supplied. A(	9. BIRTHPLACE (State or Country)	Contributory — ds. — ds. (Secondary)
MAI WITH efully sur	10. NAME OF FATHER COLONS	(Signed) Signed M. D.
NLY, car	OF FATHER (State or Country)	23.19.29 (Address) Calvust Wash
TE PLAI should by	12. MAIDEN NAME OF MOTHER	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
WRIT rmation s may be p	13. BIRTHPLACE OF MOTHER (State or Country)	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  At place In the of death yrs. mos. days. State yrs. mos. days
f info at it	14. THE ABOVE IS THE TO PHE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
item of 1s, so tha	(Informant) June 2005	Former or usual residence
. B.—Every	15. Filed 9 an 24 <sup>2</sup> 19 29  Local Registrar	20. UNDERBAKER/ ADDRESS
P. K	SYMS-YORK CO., PRINTERS & BINDERS, SOISE 51087	A. St. Trum. Valouse.

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RECORD be made for STATE OF IDAHO 1970 PARTMENT OF PUBLIC WELFARE County, of City of CERTIFICATE OF BIRTH 168897 No. -THIS IS A PERMANENT SEPARATE RETURN must order of birth stated. Registration District No..... ......State File No..... (If born in hospital or institution Prim. Registration District No..... give name.) Mocal Registrar's No. 4 FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet in order Child/ or other? of birth birth (To be answered only in event of plural births) (Month) (Dav) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth-Born alive and now living Born alive but now dead. FATHER MOTHER FULL FULL NAME AV UNFADING one child at h Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday (Years) Birthplace ..... Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* more I hereby certify that I attended the birth of this child, who was i on the date above stated. 5 (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Filed.

WRITE

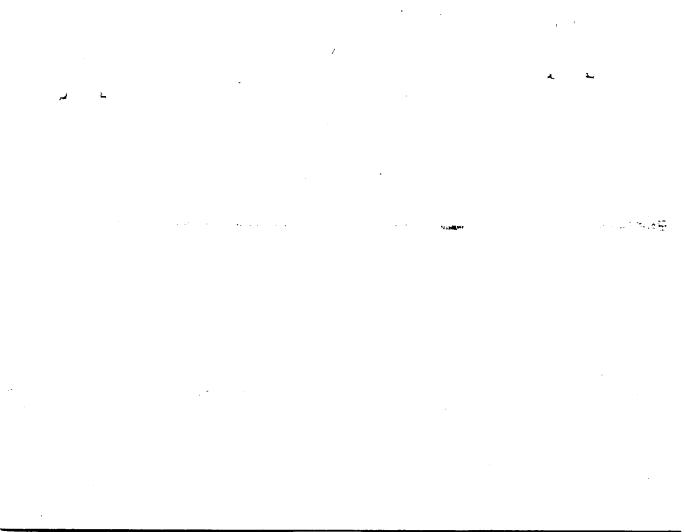
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STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 168900 CERTIFICATE OF BIRTH 7220 7031 Registration District No.... State File No..... (If born in hospital or institution Registration District No. Local Registrar's No...... FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Pate of Legit Sex of/ Triplet or other? of birth Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birti Born alive but now dead Stillborn MOTHER FULL MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State ge at last Birthday Color or rac (Years) Birthplace Birthplace. Mity and State or Country) City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the Birth of this child, who was on the date above stated. \*Where there was no attending physician WRITE B.—In ( or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor Filed. shows other evidence of life after birth.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE 100 CBUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. 65044 County of Registration District No..... City of .... Local Registrar's No..... Primary Registration District No..... EXACTLY, RECORD No. in a hospital of institution, give its name instead of street and number.) uld be stated classified. Ex A PERMANENT (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Single, Married, Widowed, should or Divorced (write the word) (Day) (Year) If married, widowed, or divorced HUSBAND of (or) WIFE of SIHL 6. DATE OF BIRTH (month, day and year) 7. AGE that it may certificate. Years Months If LESS than and that death occurred, on the date stated above, The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_\_vrs. \_\_\_\_mos. 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death? Was there an autops 11. BIRTHPLACE OF FATHER (city or OEA. What test confirmed (State or Country) 12. MAIDEN NAME OF MOTH ō SE 18. BIRTHPLACE OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Cremation, or Removal Dote of Burial Informant. (Address) Undertaken Address Registrar

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

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kercoku be made for	City of Ceffing P#3	STATE OF PUBLIC WELFARE UREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH						
EN I	Registration Distribution give name.)	on District No. 21 & Local Registrar's No. 10						
ETURN Stated	FULL NAME OF CHILD(If stillborn, sul	ostitute the word "Stillbirth" for name of child)						
FE H	Sex of Twin and Sumber in order or other? (To be answered only in event of plural by	Legiti- mate?  Date of birth  19.29  (Year)						
of RA	What prophylactic was used to prevent Ophthalmia Neonatorum							
SEPARATION OF OUR OF THE SEPARATION OF THE SEPAR	Number of child of this mother, including present birth (a) Born alive and now living							
S E	Born alive but now dead 2	Stillborn 2						
birth a	FULL Leter McCulloch	FULL MAIDEN Mable Graniche.						
S to to	Residence (Usual place of abode) Laborage (W	Residence (Usual place of abode)						
Eid F	If nonresident, give place and State	If nonresident, give place and State						
one child number	Color or race Age at last Birthday (Yesra)	Color or race Age at last Birthday (Years)						
	Birthplace (City and State or Country)	Birthplace (Ofty and State or Country)						
han	Occupation farming	Occupation						
of more than cach and the	I hereby certify that I attended the birth of this child, who was Stillborn at M. on the date above stated.  (Signature)							
Case	*Where there was no attending physician							
i i	or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician or midwife)						
֡֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	child is one that neither breathes nor Addre	$\mathcal{L}_{\mathbf{SS}}$						
E PA	shows other evidence of life after birth.	2/9 1929 /1 young						
z		Registrar,						

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De la constant	STATE OF IDA	HO _	<del></del>	
FEB I 3 1929	DEPARTMENT OF PUBLIC	C WELFARE	DO NOT WRITE	IN THIS SPACE
PLACE OF DEATH	TATISTICS			
	DEATH State File No65053			
	Registration District No	100		,
City of Pelburg		AO . A A . A	Local Registra	ır's No
		· / ·	\ <b>,</b>	
(If death occurr	(Noed in a hospital or institution, give its	name instead of street and	l number.)	
<b>30</b>		$\boldsymbol{\rho}$		
2. FULL NAME	Davy Mc. Cullor	2		
(a) Residence. No	·	St	(If nanuacidant aire aire	on town and State)
Length of residence in city or town where de	ath occurred. yrs. mos. ds.	How long in U. S., if	of foreign birth?	rs. mos. ds.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
		16. DATE OF DEAT	H Jan 8	1929
ma 21/2-Te	or Divorced (write the word)		Hockery	10
Maria di	Torfant.	#** **********************************	(Month) (D	ay) (Year)
HUSBAND of		17. I HEREBY CERTIFY, That I attended deceased from		ceased from
(or) WIFE of		lelive	isel an	8,1929, 19
6. DATE OF BIRTH (month, day and year)		that I last saw h	alive on Oat	64am, 19
7. AGE Years Months	Days If LESS than 1 day,	and that death occurre	d, on the date stated above	re, atm
-   -		The CAUSE OF DEA	TH* was as follows:	
8. OCCUPATION OF DECEASED			<u></u>	10 1
II	1. +	50	illbary 1	Tremeling
'	rasv ·	macer	sted fite	<u>)</u>
(b) General nature of industry, husiness, or establishment in			(duration)	yrs,ds.
which employed (or employer)		CONTRIBUTORY		•
(c) Name of employer		(Secondary)		
			(duration)	yrsds.
9. BIRTHPLACE (city or town)(State or country)				
10. NAME OF FATHER		) · · · · · · · ·		of
Bele n	Chilloch.	1		· VI
S 11 DIDTHDI ACE OF FATHER (situ o	n town)			
(State or Country)	- /-		1005/Ein	tre un
Tou	ano	\$ 19	29	Reflores Il
A 12. MAIDEN NAME OF MOTHER	alel Handricks		Violation V	
		*State the DISEASE	CAUSING DEATH, or i	n deaths from VIOLENT
(State or Country)	Maro.	whether ACCIDENTA	L, SUICIDAL, or HOMI	CIDAL (2)
14. D. 7 mo	0 00-0	19. Place of Burial, C	Premation, or Removal	Date of Burial
	www.	10		19
(Address)		- Clepburg		<u> </u>
15. Filed 77	Historma	ZU. Undertaker		Address
, 10	Registrar	Me to	perself	
	2. FULL NAME.  (a) Residence. No	PLACE OF DEATH  County of Machiner  City of Machiner  (No.  (No.  (No.  (No.  (No.  (No.  (Indeath occurred in a hospital or institution, give its  2. FULL NAME  (a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  8. SEX  4. COLOR OB RACE  5. Single, Married, Widowed, or Disposed (watte the word)  Jackson  The Machiner  5. Single, Married, Widowed, or Disposed (watte the word)  The Jackson  The Machiner  5. Single, Married, Widowed, or Disposed (watte the word)  The Jackson  The Jackson  The Jackson  The Jackson  The Jackson  The Jackson  City of Lord of Work  And Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. EIRTHPLACE (city or town)  (State or country)  10. NAME OF FATHER  Set Machiner  State or Country)  11. EIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER (city or town)  (State or Country)  13. BIRTHPLACE OF MOTHER (city or town)  (State or Country)  14. Informant  Address)  15. Filed  19. 29  J. J	PLACE OF DEATH  County of Madeina County of Public States of County of Public States of State or Country of Public States of State or Country of Public States of States or Country of Public States of States or Country of Public States or Country or Public States or Country of Public States or Country or	PLACE OF DEATH  PLACE OF DEATH  County of Machiner  City of Machiner  Contribution, give its same instead of dreet and number.)  City of Institution, give its same instead of dreet and number.)  City of Machiner  City of Machiner  City of Institution, give its same instead of dreet and number.)  City of Machiner  City of Machiner  City of Machiner  City of Lord Registre  City o

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Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO 1079 DEPARTMENT OF PUBLIC WELFARE made for BUREAU OF VITAL STATISTICS RECORD Registration District No..... Primary Registration District No. 21.69 Local Registrar's No. 2.1 Hospital ..... stated. FULL NAME OF CHILD. (Certificate of no value without full name of child) Number Twin Date of birth Sex of Legiti-Triplet in order birth Child or other? of hirth mate? (Month) (Day) (Year) SEPARATE (To be answered only in event of plural births) ð What bactericidal solution was used in eyes? THIS -Number of child of this mother now living, including present birth Number of child of this mother, including present birth **FATHER** MOTHER FULL FULL MAIDEN NAME each, RESIDENCE 뉳 COLOR AGE AT LAST COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE one OCCUPATION the 7 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ E of more PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor CRSO (Signature) WRITE shows other evidence of life after birth. Give names added from a supplemental report. Address Filed.. Registrar. Registrar

a un 

	RECEIVED	~m · m	· · · · · · · · · · · · · · · · · · ·	7			
PLACE	RECEIVED MAR	BUREAU OF	E OF IDAHO OF PUBLIC W VITAL STATI A <b>TE OF DE</b>	STICS	DO NOT WRITE State File No	IN THIS SPACE 65066	
City of	alah John	Registration Distriction Primary Registrati	ion District No.	•	Local Registra	r's NoV	
2. FULL NA		red in a hospital or institu	ution, give its name	instead of street and	number.)		
(a) Reside (Usual pl Length of residen	ence. No	eath occurred. yrs.		St. (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	If nonresident give city of foreign birth?	or town and State) rs. mos. ds.	
PE	RSONAL AND STATISTIC	CAL PARTICULARS			AL CERTIFICATE OF	DEATH	
8. SEX	4. COLOR OR RACE	5. Single, Married, Vor Diverged (write the	Widowed, he word)	6. DATE OF DEAT	7 -	2-/ Zey (Year)	
5a. If married, w HUSBANI (or) WIF	vidowed, or divorced of of			7. I HEREBY CERT	IFY, That I attended dec		
6. DATE OF BI	RTH (month, day and year	)	ti	hat I last saw h	Takelon O O		
8. OCCUPATION	Years Months	Days If LESS	hrs. or	nd that death occurred	I, on the date stated abov	e, atm.	
8. OCCUPATION	N OF DECEASED	1	- Angeloise				
(a) Trade, properticular kin	rofession, or d of work			- marane			
business, or e	nature of industry, stablishment in ed (or employer)				(duration)	yrsds.	
(c) Name of	employer	<b>A</b> .		ONTRIBUTORY (Secondary)	······································	**************************************	
9. BIRTHPLACI (State or cour	city or town)	ialud J	1	8. Where was disease	contracted	yrsds.	
10. NAME O	F FATHER ZWOY	on. T. Ja		Did an operation precede death? Date of			
11. BIRTHPI (State or		lud Joh	ll ll	/hat test confirmed of		wy My	
12. MAIDEN	NAME OF MOTHER .	Harris,	1 01 -	~~~ ~ 19.	(Address)	testur	
13. BIRTHPI	ACE OF MOTHER (city Country)	or town)	- C	*State the DISEASE AUSES, state (1) M hether ACCIDENTAI	CAUSING DEATH, or in IEANS AND NATURE L, SUICIDAL, or HOMIC	n deaths from VIOLENT OF INJURY, and (2) DIDAL.	
Informant	The Kein	July 1	1	9. Place of Burial, Co	remation, or Removal	Date of Burial 2- 1929	
Filed 3/	28, 19.29 (	194.70	rub,	0. Undertaker	4 N _	Address Males	

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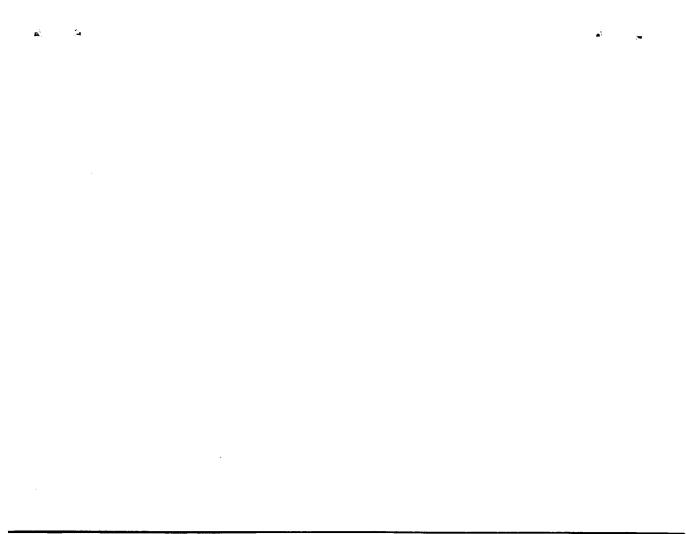
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Do not accept a certificate of death signed or midwife.

RECORD be made for	PLACE OF BIRTH  County of large The Bureau OF VITAL STATISTICS  City of Mary Survey  Now St.  CERTIFICATE OF BIRTH
A PERMANENT E RETURN must irth stated.	Registration District No
PLAINLY WITH UNFADING INK—THIS IS case of more than one child at birth a SEPARATI each and the number of each, in order of bi	What prophylactic was used to prevent Ophthalmia Neonatorum?  Number of child of this mother, including present birth 7 (a) Born alive and now living 5  Born alive but now dead Stillborn  FATHER  FULL  MAIDEN NAME  Residence (Usual place of abode)  Age at last Birthday 5 (Years)  Birthplace  Color or race  Age at last Birthday 5 (City and State or Country)  Occupation  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF  I hereby certify that I attended the birth of this child, who was Still fin at the still on the date above stated.  (Signature)  *Where there was no attending physician are identification of the date above stated.
WRITE N. B.—In	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.    Address   Child   Child



ID CTLY, PHYSICIANS ttement of OCCUPA-	RECEIVED MAR 6  PLACE OF DEATH  County of Payers  City of Plant Plant CERTIFICATE OF  City of Plant Plant CERTIFICATE OF  Registration District No  Primary Registration District  (No	C WELFARE DO NOT WRITE IN THIS SPACE State File No. 65067  Local Registrar's No.
VENT RECORD stated EXACTLY, ed. Exact statemen	2. FULL NAME Vertical Daniel X  (a) Residence. No	St.  (If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
ING PERMANENT should be state rly classified. F	8. SEX 4. COLOR OR RACE or Divorced (write the word)  While Still or the second	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  3 /  (Month) (Day) (Year)
RGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PE be carefully supplied. AGE shou erms, so that it may be properly on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year) July 3 /- 19 79.  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	17. I HEREBY CERTIFY, That I attended deceased from  19
WRITE PLAINLY, WITH y item of information should CAUSE OF DEATH in plain t important. See instruction or	9. BIRTHPLACE (city or town) The Plymouth I of (State or country)  10. NAME OF FATHER (city or town) Tausao  11. BIRTHPLACE OF FATHER (city or town) Tausao  (State or Country)  12. MAIDEN NAME OF MOTHER (city or town) Tausao  13. BIRTHPLACE OF MOTHER (city or town) Tausao  (State or Country)  14. Informant Tausan Tausan  15. Daysdale	(Secondary)  (duration)  yrs. mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Date of  Was there an autopsy?  What test confirmed diagnosis?  (Signed)
V. B.—Every hould state ( HON is very	(Address)  15. Filed 2 - 23 , 1929. Win 2. Registrar	Jack cemetery 2-1- 1929  20. Undertaker  Fachied  Address per proceed  Andress per proceed

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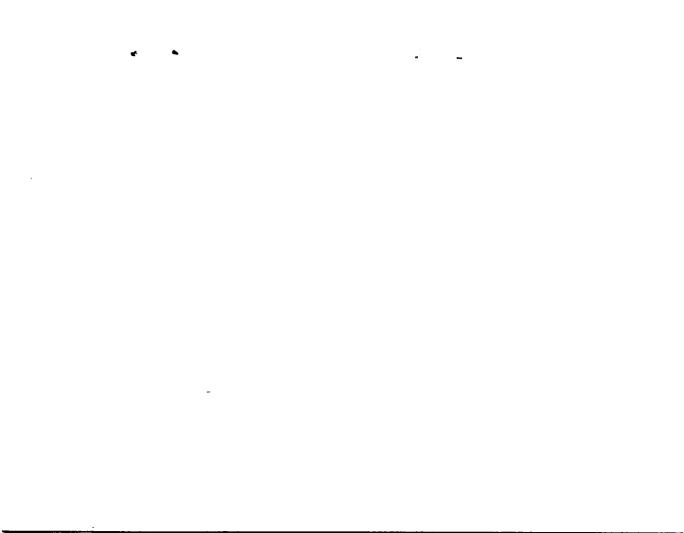
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PHYSICIANS t of OCCUPA-	PLACE OF DEATH  County of Jetan  STATE OF IDA  DEPARTMENT OF PUBLIC BUREAU OF VITAL ST  CERTIFICATE OF	DO NOT WRITE IN THIS SPACE State File No. 65080	
LY, PH) ment of	City of Jetania Registration District No. 77 Primary Registration District		
BINDING IS A PERMANENT RECORD AGE should be stated EXACTLY, J	(If death occurred in a hospital or institution, give its  2. FULL NAME	lasu	
r ERMAN Ild be Ilassifie	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH	
BINDING IS A PERM IGE should properly class	Jemale White or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from	
D FOR—THIS plied.	6. DATE OF BIRTH (month, day and year) Fell /2 - /929 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	that I last saw h 2 19 2 19 2 19 2 19 2 19 2 19 2 19 2	
RGIN RESERVE UNFADING INK be carefully supl erms, so that it in a back of certific	8. OCCUPATION OF DECEASED  (a) Trade, profession, or - particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	CONTRIBUTORY (duration) yrs. mos. ds.	
MAR WITH U should b plain ter	9. BIRTHPLACE (city or town) Jacks	(Secondary)  (duration)  yrs. mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  (Signed)	
PLAINLY, nformation DEATH in See instru	10. NAME OF FATHER Wind for affects  11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER 1		
WRITE item of in AUSE OF important.	12. MAIDEN NAME OF MOTHER City or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
Every state C is very	14. Informant Wm g brayan (Address) Jotania, Ida.	19. Place of Burial, Cremation, or Removal Date of Burial  Zetamia, Idaho 2-13-1949	
N. B. should	16. Filed 2 - 98 -, 1999 Marka Marker Registrar	20. Undertaker Address	

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STATE OF IDAHO RECORD be made fo ODEPARTMENT OF PUBLIC WELFARE County of CERTIFICATE OF BIRTH S A PERMANENT TE RETURN must | birth stated. Registration District No..... State File No. 4. 4. (If born in hospital or institution rim. Registration District No. 1085 Local Registra give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Sex of Legiti-Triplet in order birth Child or other? mate? (To be answered only in event of plural hirths) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?... SEP/ Number of child of this mother, including present birth... .... (a) Born alive and now living. Born alive but now dead. Stillborn FATHER FULL MATDEN Residence (Ususi place of abode) 24 If nonresident, give place and State If nonresident, give place-and State Age at last Birthday. Birthplace Birthplace and State or Country and State or Country) Occupation Occupation OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was a Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

<i>!</i>	STATE OF IDA	HO
₹ <u>₽</u>	FFR 1 9 1000 DEPARTMENT OF PUBLI	C WELFARE DO NOT WRITE IN THIS SPACE
55	PLACE OF DEATH BUREAU OF VITAL ST	TATISTICS
, XO	County of Louis Talls. CERTIFICATE OF	DEATH 5626 THE NO
E &	Registration District No	
m +	City of Jan 7 1867	Local Registrar's No.
ĕ,X	Primary Registration District	Nol. L.
	(No. Low Falls C	ounty Haspital
ORD ACTL statem	(If death occurred in a hospital or institution, give its	name instead of street and number.)
RECORD EXACTLY (act statement	11/01's It is Wall	lace
ig Eig	2. FULL NAME Collian Tines to all	cacc
PE 99	(a) Parisance No 946 - Blue delace an	AL SH
E BE	(a) Residence. No. 746 - Killie Agillis (Usual place of abode)	(If nonresident give city or town and State)
Z E .	Length of residence in city or town where death occurred. yrs. mos. ds.	
E 25		ACTIVITATE COMPANYA OF PRIMARY
E:8. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J ERMA] uld be classifi	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH
8 38	or Divorced (write the word)	(0 161
ING PERI should	male white	(Month) (Day) (Year)
	5a. If married, widowed, or divorced	
Z Z Z Z	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
BINI IS A AGE	(01) 11112 01	1 1924, to face 14, 1929
N W	6. DATE OF BIRTH (month, day and year)	Wat I last saw h The alive on The 19 37
FOR 1 THIS ed. A	7. AGE Years Months Days If LESS than 1 day,	
	hun on	and that death occurred, on the date stated above, atm.
K—T) pplied may cate.	C O O Min.	The CAUSE OF DEATH* was as follows:
SERVED FOR INK—TI Supplied that it may certificate.		
<b>2</b> 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8. OCCUPATION OF DECEASED	
SER NG 1	(a) Trade, profession, or particular kind of work	francisco de la constante de l
of the state of th	particular kind of work.	6 the of development
Se Co	(b) General nature of industry,	(duration) vrs. mos. ds.
ARGIN RESE UNFADING be carefully terms, so tha on back of ce	business, or establishment in which employed (or employer)	7 44
		CONTRIBUTORY Contribute in Woller
ARG UNN be tern on b	(c) Name of employer	(Secondary)
<b>₹</b> #₽ <u>`</u> ?	. 1 . 1	(duration)yrsmos. \( \int O \) ds.
M/WITH WITH should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted
MLY, WITH ation should I'H in plain instruction	(State or country)	18. Where was disease contracted if not at place of death?
	10. NAME OF FATHER \	Did an operation precede death? Date of 1-14-34
2 .5 E	Hugh Z. Wallace	#L # /
PLAINLY nformation DEATH i		Was there an autopsy?
<b>E ES B</b>	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER	What test confirmed diagnosis?
7 2 2 x	(State or Country)	(Signed) M. D.
		19 (Address) I to in Factor
TE of in	2 12. MAIDEN NAME OF MOTHER	(Auti cos)
WRITE m of i ISE OF	allan faces	1-10 47.
<b>E E S S</b>	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRITE item of it	(State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	11 31 10 341 01	19. Place of Burial, Cremation, or Removal Date of Burial
ivery ate C	Informant Hugh E. Walle	
-Every state is very		Jean Fall, Constant Jan 1/ 1929
	(Address) 946- Dhu & afac, Silve	20. Undertaker / Address
a'≅z	15	Address Address
N. B. Should TION	Filed , 19	While Mortury diament sida
7 5 7	lecgisti at	

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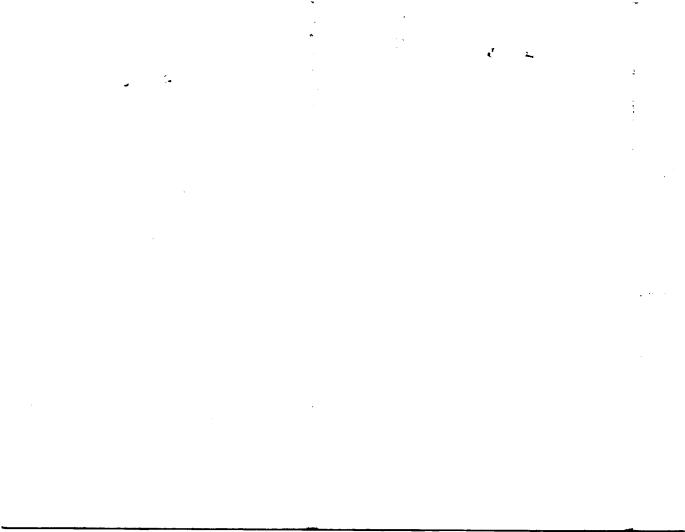
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sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

¥	PLACE OF BIRTH	STATE OF IDAHO
RECORD be made fo	County of RECEIVED MAR 5	DEPARTMENT OF PUBLIC WELFARE 1928 UREAU OF VITAL STATISTICS
	City of	
	No St.	CERTIFICATE OF BIRTH 169096
ENT must		n District No
	(If born in hospital or institution Prim. Regi	stration District No. 2. 08. 7. Local Registrar's No
ERMAN ETURN stated	FULL NAME OF CHILD	orn, substitute the word "Stillbirth" for name of child)
A PI FERE birth	Sex of Child H Triplet   and Number in order or other?   and or other?	Date of July 1929 birth (Month) (Day) (Year)
RA of	What prophylactic was used to prevent Ophthalmi	
SPA rder	Number of child of this mother, including present birth	/ (a) Born alive and now living O
n Or	Born alive but now dead.	Stillborn
INK irth ach, i	FULL Oren Riggs	FULL MOTHER MAIDEN Column MULLER MAIDEN
of the	Residence (Usual place of abode). Buhladla.	Residence (Usuai place of abode) Bull, Idai
E E P	If nonresident, give place and State	If nonresident, give place and State
E C	Out of Table 1	Color or race While Age at last Birthday 20 (Years)
	Birthplace (Trackling State or County)	Birthplace Activack, Calvado (1981)
	Occupation farming	Occupation housewife
and	·	ENDING PHYSICIAN OR MIDWIFF
S a d	I hereby certify that I attended the birth of ton the date above stated.	
V o		(Signature) J.W. Mac Manus
Z 3	*Where there was no attending physician	
H.	or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician or midwife)
BE	child is one that neither breathes nor	Address Dutle days
Z.	shows other evidence of life after birth.	Filed 2 - 15 19) 9
ul		, registrar.



RECORD EXACTLY, PHYSICIANS cact statement of OCCUPA-	PLACE OF DEATH  County of State OF DEATH  City of Primary Registration District  (If death occurred in a hospital or institution, give its	C WELFARE CATISTICS - DEATH No. 2087  DO NOT WRITE IN THIS SPACE State File No. 65087  Local Registrar's No
DING A PERMANENT R should be stated srly classified. Exa	(a) Residence. No(Usual place of abode)	St.  How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended decreased from
ARGIN RESERVED FOR IUNFADING INK—THIS be carefully supplied. A terms, so that it may be 1 and back of certificate.	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	that I last saw h alive on , 19 and that death occurred, on the date stated above, at , m.  The CAUSE OF DEATH* was as follows:  (duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)  (duration) yrs. mos. ds.
WRITE PLAINLY, WITH item of information should CAUSE OF DEATH in plain important. See instruction of	9. BIRTHPLACE (city or town)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town)  (State of Country)  12. MAIDEN NAME OF MOTHER  18. BIRTHPLACE OF MOTHER (city or town)  (State or Country)	18. Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  (Signed)  (Address)  (Address)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
N. B.—Every is should state CA	14. Informatic (Address)  15. Filed 1 - 13 , 1974.  16. Registrar	19. Place of Burial, Cremation, of Removal  Date of Burial  2-14 1929  20. Undertaken  Address  Date of Burial  Address  Address

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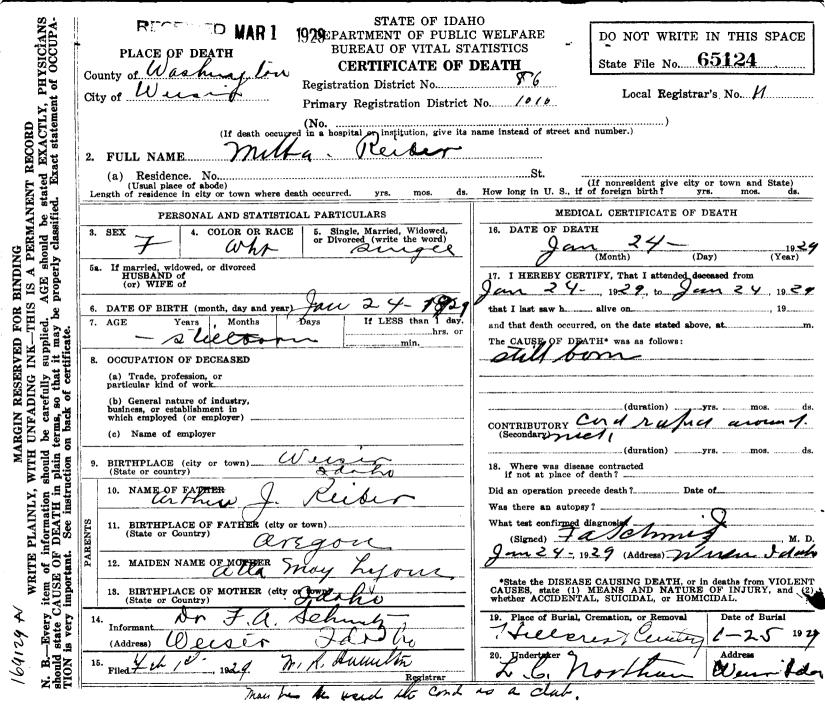
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7. 0 55 + 2011/2 201	
959-224 044 336 MAR 1 1929	STATE OF IDAHO
NET PER VED WHI 1979	PARTMENT OF PUBLIC WELFARE
	BUREAU OF VITAL STATISTICS
County of Machine in	
City of Wasser	CERTIFICATE OF BIRTH
No. St. Registration District	No. 66 File No. 119129
Hospital Primary Registration	District No. 2//2 Registered No. 15
FULL NAME OF CHILD Melba	Reiber
Sex of Child Sill Twin Triplet or other? (To be answered only in event of plural bin	Legiti- Hard Date of birth. (Mont) (Day) (Year)
What bactericidal solution was used in eyes?	
Number of child of this mother, including present birth Number of child of this mother, including present birth	mber of child of this mother now living, including present birth
FULL RATHER Ruber	MAIDEN alla may man
RESIDENCE	RESIDENCE Wriser
color AGE AT LAST 2.7 (Years)	COLOR White AGE AT LAST 2 3 BIRTHDAY (Years)
BIRTHPLACE Oregan	BIRTHPLACE 9 du
OCCUPATION rancher	occupation house inte
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated.	(Bearing or stillborn)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Give names added from a supplemental report.  Address	Myssician or midwife)  Maso  (Physician or midwife)
, 19	The 100 9 millandelm
Registrar.	Registrar.

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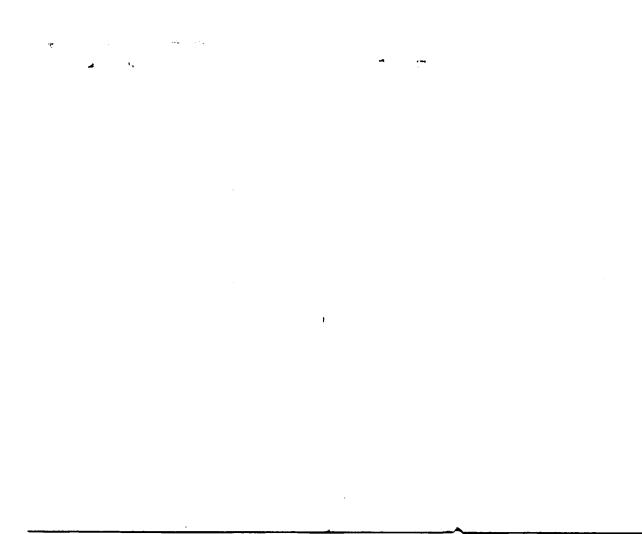
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midwife.



RECEIVED APR 2 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 65220 CERTIFICATE OF DEATH State File No..... County of .... Exact statement of Registration District No..... City of ..... Local Registrar's No. Primary Registration District N (It death occurred in a hospital or institution, give its name instead of street and number.) RECORD 2. FULL NAME..... (a) Residence. No.. A PERMANENT (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 16. DATE OF DEATH plnous or Divorced (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from SI (or) WIFE of \_\_\_\_\_\_, 19\_\_\_\_\_, to\_\_\_\_\_\_\_ 19 THIS .6. DATE OF BIRTH (month, day and year) that I last saw h..... alive on... 7. AGE If LESS than 1 day, Years Months Days and that death occurred, on the date stated above, at..... hrs. or LUSE OF DEATH was as follows: UNFADING INK-8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) yrs. mos. which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) hould (duration) yrs. mos. 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? Did an operation precede death 10. ANAME OF FATHER Was there an autopsy? ... 11. BIRTHPLACE OF FATHER (city or What test confirmed diagnosts? or Country (Signed) OF important. MAIDEN NAME OF MOTHER item o BIRTHPLACE OR MOTHER (city \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country state ( 19. Place of Burial, Cremation, or Removal Date of Burial Informant 1929 (Address) 20. Undertaker

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_	PLACE OF BIRTH	STATE O	T IDAHO		
<b>_</b> 2€	עם אַר די		PUBLIC WELFA	RE	
RECORD be made fo	COUNTY OF THE CO		AL STATISTICS		· a
	City of Sandflow	CERTIFICATE	$\sim$	1000	•
E E	NoSt.	CERTIFICATE	OF BIKIH	1693	55
1 1	<b>30</b> / - <b>6</b>	rict No 7 8			
must must					
Z-	give name.) Prim. Registratio	n District No. <b>X</b> .	155 Local Re	gistrar's No	•
	FULL NAME OF CHILD drawed				
ETURN stated.	(If stillborn, sub	stitute the word "S	tillbirth" for name of	child)	
	Sex of Twin Number	Legiti-	Date of 2	7.0	
<b>₹</b> ₩	Child // or other? of birth	mate?a.	birth		. 19
250	Make (To be answered only in event of plural bi		(Month)	(Day)	(Year)
	What prophylactic was used to prevent Ophthalmia Neo	natorum? //			
G P H	Number of child of this mother, including present birth	(a) Born alive an	d now living 3		
E S S	Born alive but now dead	Stillborn 3			
# e.E	FATHER	FULL (7	MOTHER	_	
김현성	NAME Harry Manhelan	MAIDEN WAG	uch las	Lu	
පු <b>ස්</b> මේ				et IL	
UNFADIN me child at number of	Residence (Usual place of abode)	Residence (Usual	place of abode)	Juga	de din de la company
FAD child aber	If nonresident, give place and State	If nonresident, giv	e place and State		. 4
당성됩	Color or race Age at last Birthday	Color or race	fre Oy Age	t last Birthda;	
one nu	Birthplace (Years)	Birthplace #	ich		(IEAFS)
🖰 🚓 🛭	(Pity and State or Country)	d6	(City and State or C	ountry)	
WITH than nd th	Occupation Control of American	Occupation			
Bet ₹	CERTIFICATE OF ATTENDIN		12	7 🛕	^
PLAINLY case of mor each	I hereby certify that I attended the birth of this chi	ld, who was St	illburn at .	$0 \sim$	LLM.
Z S	on the date above stated.	0 5		- Secon	<i>&gt;</i> )
P O	(Sign	ature)	MI COUS	TINY	<i></i>
PL.⁄ case	( *Where there was no attending physician )	***************************************			
	or midwife, then the father, householder,	0	(Physician or m	Wife T	
	detc., should make this return. A stillborn	a Sand	from !	sta.	
WRITE B.—In	child is one that neither breathes nor	13/18/02/	99 //.	· D. /	2///-
ż	shows other evidence of life after birth. Filed	APPEND 19		ora C	gistrar.
-		,	wep	ucy xe	giod Mi.

à

A-		STATE OF IDA	10					
A G	RECEIVED APR R 10	DEPARTMENT OF PUBLIC	C WELFARE DO NOT WRI	TE IN THIS SPACE				
<u> </u>	PLACE OF DEATH	BUREAU OF VITAL ST	ATISTICS	65231				
SS	County of Bonner	CERTIFICATE OF		00201				
PHYSICIANS of OCCUPA-		Registration District No						
<b>.</b> # .	City of Sandpoint	Primary Registration District		strar's No				
E E E								
ORD ACTL statem	(No) (If death occurred in a hospital or institution, give its name instead of street and number.)							
RECORD EXACTLY cact stateme	2. FULL NAME Infant Chamberlain							
<u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>								
rted Ex	(Usual place of abode)		(If nonresident give How long in U. S., if of foreign birth?	city or town and State)				
Ferting 19	Length of residence in city or town where		T	yrs. mos. ds.				
NG PERMANENT hould be state y classified. F	PERSONAL AND STATIST		MEDICAL CERTIFICATE	OF DEATH				
G ERMA] uld be classifi	3. SEX COLOR OR RAC	E 5. Single, Married, Widowed, or Bivorced (write the word)	16. DATE OF DEATH	17				
NG PERM hould ly clas	Male Mule		(Month)	(Day) (Year)				
P. I.	5a. If married, widowed, or divorced HUSBAND of							
IS I	(or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from					
R ES	6. DATE OF BIRTH (month, day and year) March 17 1929		that I last saw home alive on Sullbrane, 19					
FOR THIS ed. Asy be	7. AGE Years Months Days If LESS than 1 day,		and that death occurred, on the date stated above, a Before But					
	Stillborn hrs. or  8. OCCUPATION OF DECEASED  (a) Trade, profession, or		The CAUSE OF DEATH was as follows:  The CAUSE OF DEATH was as follows:  Bush priserialist &					
RVED INK— supplic t it ma								
ER I								
RESERVED DING INKefully supple that it most of that it most of certifical	(a) Trade, profession, or particular kind of work	n	Theult Labor					
	(b) General nature of industry, business, or establishment in		(duration)yrsmosds					
RGIN UNF! be ca erms, n bacl	which employed (or employer)		CONTRIBUTORY Lauraled Range					
ARC Uy teri on l								
	0 PIRTURI ACE (etter on Acres)	udfront da	(duration)	yrsmosds.				
MAWITH Should plain ction	9. BIRTHPLACE (city or town)		18. Where was disease contracted if not at place of death?					
	10. NAME OF FATHER		Did an operation precede depth? Date of					
NLY, ttion   'H in	Harry	rampertain	Was there an autopsy? 400					
PLAINLY nformation DEATH   See inst	2 11. BIRTHPLACE OF FATHER (city	or town)	What test confirmed diagnosis?	<				
S. D. P.L.	(State or Country)		(Signed) & alew	ж, м. D.				
in Chris	(State or Country)  (State or Country)  12. MAIDEN NAME OF MOTHER?	0	3 2 3 , 19 × 9 (Address) \$	andposed				
WRITE m of i ISE OF	Hand, Coly							
WRITE item of i AUSE OF	18. BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
. 🖸	(State or Country)							
very ate (	14. Informant Harry Chamberlain		19. Place of Burial, Cremation, or Remova					
-Ev	(Address)	it Ida.	Pinecrest Cemetery	March 301929				
85 Z	15. 74. 600	(Si. P. 200.	20. Undertaker	SANDPÖINT IDAHO				
	Filed March 29, 1929	O e Joseph Registrar	MOON MORTUARY S	ANDFOINT IDANC				

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO FORM V. S. No. 5-25 M. 1-19. CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No. County of State File No. 65248 Primary Registration District No. Local Registrar's No. 3 City of If death occurred in a hos-If death occurs away from pital, institution or camp. usual residence, give facts give its NAME instead of called for under special instreet and number. formation. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH (Write the word) (Day) (Month) 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Day) (Year) 7. AGE IF LESS than 1 day how many Le o. hrs. or The CaUSE OF DEATH\* was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Secondary) 9. RIRTHPLACE (Duration) /..... (State or Country) IO. NAME OF Father (Address)... 11. BIRTHPLACE \*State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal, 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) TH In the 13. BIRTHPLACE At place of death yrs. mos. / days. State yrs. mos. ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or mportant. usual residence (Informant) Every CAUSE DATE OF BURIAL 19. PLACE OF BURIAL OR REMOVAL 15. 20. UNDERTAKER ADDRESS

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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	PLACE OF BIRTH	STATE OF IDAHO	
	County of Bonffeville MAR 21 1929DEPA	RTMENT OF PUBLIC WELFARE	
İ	City oIdaho Falls BU	JREAU OF VITAL STATISTICS / / 1	
	No. 1.7.2 - 1.9 24 St.	CERTIFICATE OF BIRTH S 169414	
		rict No	
	(If born in hospital or institution prim. Registratio	n District No2150 Local Registrar's No. 4	
י נ	FULL NAME OF CHILD Luth		
9		estitute the word "Stillbirth" for name of child)	
MI th	Sex of Child emale  Triplet and in order or other?  (To be answered only in event of plural by	Legiti- mate Tyes  Date of Feb. 3  (Month) (Day) (Year)	
5	What prophylactic was used to prevent Ophthalmia Neo		
		(a) Born alive and now living 8	
5	Born alive but now dead	Stillborn 1	
11 113	FATHER FULL MOTHER MAIDEN MADEL DOGSON NAME NAME		
מו	Residence (Usual place of abode) Idaho Falls, Ida	Residence (Usual place of abode) Idaho Falls, Ida.	
	If nonresident, give place and State	If nonresident, give place and State	
	Color or race White Age at last Birthday 38	Color or race White Age at last Birthday 35	
	Birthplace Buffalo, Kan. (Years)	Birthplace Hill City, S. Dak. (Years)	
2112	(City and State or Country) Occupation	(City and State or Country) Occupation HOUSEWIFE	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF		
	I hereby certify that I attended the birth of this child, who was Stillborn at 4.30 P. M. on the date above stated.  (Signature)		
	( *III) and there was no attending physician	Physician	
	*Where there was no attending physician or midwife, then the father, householder,	(Physician or midwife)	
	etc., should make this return. A stillborn	ssIdaho Falls, Idaho.	
	child is one that neither breathes nor shows other evidence of life after birth.	tel + 10 29 ( ) eg	
	( shows other evidence of the after birth. ) Fried.	Registran	

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STATE OF IDAHO PHYSICIAN t of OCCUPA TETO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No. 65264 CERTIFICATE OF DEATH Local Registrar's No. Primary Registration District No ..... EXACTLY. A PERMANENT RECORD 2. FULL NAME. (a) Residence. No (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. properly classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, COLOR OR RACE SEX breed (write the word) If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from SI (or) WIFE of 6. DATE OF BIRTH (month, day and year) If LESS than 1 day, 7. AGE Months nat it may leertificate. and that death occurred, on the date stated above, at\_\_\_\_\_m .....hrs. or The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.... (b) General nature of industry, business, or establishment in (duration) which employed (or employer) ..... CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) \_\_\_\_\_yrs, \_\_\_\_mos, \_\_\_ should plain instruction BIRTHPLACE (city or town Where was disease contracted (State or country) if not at place of death? \_\_\_\_ Did an operation precede death?...... Date of 10. NAME OF FATHER f information OF DEATH is Was there an autopsy? What test confirmed diagnosis? 11. BIRTHPLACE OF FATHER (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or tow) (State or Country) Date of Burial Cremation, or Removal Informant. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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CHACU NO REATS DHORRESCHIEBER PORL WELFARE BURGAU OF VITAL OTATISTICS Contact of CHRUERCATE OF BERNE Suite Mile No. torough Religion District Model and Local Lasteran's No. 183icant PILL VAME OF CHILD at the enough of the state of the state of the foliate to in stati cate to ai have Swata ro (I'd be assured only in event of all ment thather Vhat bactericidal solution was used in event. Reacher of child of this marker powers as to be their more artists. Number of child of this member, including present that FATHER 80.100 (2703 () CERTIFICATE OF ATTENEHIG PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this calle, who was I children. on the date above stated. \*When there was no attending physician | (9tulien ic.) or midwift, then the father, householder, HALE esc., should make this return, A cillborn child is one that neither brestnes nor shows other evidence of life after blith i Physician are maid≫ii Give names added from a appolemental report. Ad ress in Th Hegistru.

**CERTIFICATE OF DEATH** State of Idaho state-BOARD OF HEALTH Registration District No. Bureau of Vital Statistics Primary Registration District No. 1005 County of File No..... City of Registered No. EXACTLY. If death occurred in a hospital, in-If death occurs away from usstitution or camp give its NAME ual residence, give facts called instead of street and number. for under special information. PERSONAL AND STATISTICAL PARTICULA MEDICAL CERTIFICATE OF DEATH. 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID 3. SEX 16. DATE OF DEATH OWED OR DIVORGED. rite the word. (Month) (Day) (Year) 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Day) that I last saw b IF LESS than 1 day 7. AGE and that death occurred on the date stated above, at 200 M. how many . O. . . hrs. or .....min? The CAUSE OF DEATH was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work.... (b) General nature of industry business or establishment in which employed (or employer) ..... (Duration) yrs. mos. ds. 9. BIRTHPLACE (State or Country) Contributory ... (Secondary) 10. NAME OF .....(Duration FATHER 11. BIRTHPLACE OF FATHER (State or Country) \*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE At place OF MOTHER of death......yrs.......ds. State.....yrs.....mos......ds. (State or Country) Where was disease contracted, If not at place of death?.... 14. THE ABOVE IS TRUE TO THE BEST Former or usual residence..... DATE OF BURIAL 15. ADDRESS Caldwel SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

PHYSI-

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"Coma," "Convulsions," "Debility, (Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL, septicemia", "PUERPERAL peritonitis." etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

REC be n	City of Caldwell ED APR 9 1979  No.416-120 714165 St. Registration District	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. State File No. 169428 District No. 2003 Local Registrar's No. 57				
	FULL NAME OF CHILD	Dawson -				
PERMAN RETURN irth state	(Certificate of no value without full name of child)					
. ~ 3	Sex of Triplet and Number in order or other?  (To be answered only in event of plural birth	Legiti- mate; 4c   Date of 1929   (Month) (Day) (Year)				
ARATE ler of	What bactericidal solution was used in eyes?	70				
SEPAR order	Number of child of this mother, including present birth 2 Num	ber of child of this mother now living, including present birth				
200 E	NAME Win Dawson	FULL MOTHER MAIDEN E OF SOME				
3 E	RESIDENCE Caldwell Ida	RESIDENCE Coldwed Sch				
UNFADIN ne child at number of	COLOR White AGE AT LAST 3 (Years)	COLOR AGE AT LAST DIRTHDAY (Years)				
	BIRTHPLACE Butley Mo-	BIRTHPLACE ///O —				
TTH han o	occupation Janney	OCCUPATION H.W.				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  Some after  I hereby certify that I attended the birth of this child, who was Stillborn at					
PLAI se of ea	on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	uture) Tyarrar				
WRITE B.—In ca	Sive names added from a supplemental report.	aldwall Illn				
z	, 192 Addre	3-21- 1929 John S. meyes.				
ļ	Registrar.	Registrar.				

PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFALLE BURRAL OF VITAL STATISTICS Primary For Stration District No. and Cotal Recingai's No. Hospital (Caris cute of no value without full name of child) Date of dised 5 3 (19 10 2 ) bern 3 ! winis? . 1916m in diffes ! or other? 6(1:11) To be answered only in event of jubrat births! What bactericidal solution was used in eyes? Number of child of this mother has living, including green, birth Sumber of child of this mother, including present buth 1:43 FATHER MAIDEN BMAIL RESIDENCE AGE AT LAST SOUTO **独型をご合いては16** OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. French Miles I hereby certify that I attended the birth of tala child, who was I stillhorne: on the date above stated. \*When there was no attenting physician i (Signsture) .... or relieff, then the father, hence halter etc. shear therefore the arms a selliborum the one mut neither breather nor (Physician or midwife) shows other evidence of fife after birth. tive names added from a supplemental report. rashibbA

Registrar.

STATE OF IDAHO RECEIVED APR 9 **1000**ARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE-OF DEATH State File No ... CERTIFICATE OF DEATH County of Registration District No..... Exact statement of Local Registrar's No. Primary Registration District No. 200 2. FULL NAME..... (a) Residence, No..... (If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. de (Usual place of abode) Length of residence in city or town where death occurred. mos classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, SEX 4. COLOR OB-RACE should 5a. If married, widowed, or divorced HUSBAND of L HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days ESS than 1 day. The CAUSE OF DEATH\* was as follows: .min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) vrs. mos. ds. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ..... Did an operation precede death?...... Date of\_\_\_\_ Was there an autopsy? ..... What test confirmed dischesis PARENTS 11. BIRTHPLACE OF FATHER (city or town (State or Country) important. ğ AUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city (State or Country) Cremation, or Removal Date of Burial Informant (Address)

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere conditions as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be assertained as the cause. Always capilify. disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

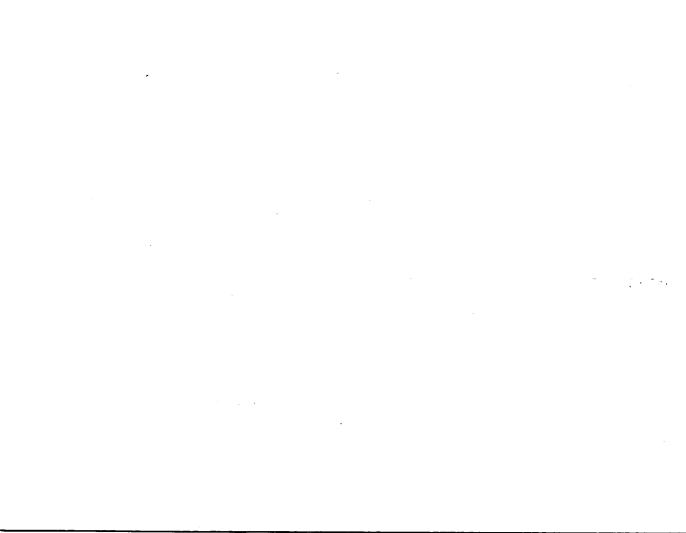
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF SERVED APR 8 1929	STATE OF IDAHO
ILCOUNTY OF FILOURI I ADDUC	ARTMENT OF PUBLIC WELFARE
City of Preston	UREAU OF VITAL STATISTICS
	CERTIFICATE OF BIRTH
No St.	160528
253 117021 551 Registration Dist	trict No. 27 State File No. 69528
(If born in hospital or institution Prim. Registration	on District No
FULL NAME OF CHILD	
(If stillborn, su	bstitute the word "Stillbirth" for name of child)
Sex of Child Twin and Number in order or other? (To be answered only in event of plural by	Legiti- mate?  Date of Mall 1929  (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neo	natorum?
Number of child of this mother, including present birth	(a) Born alive and now living
Born alive but now dead	Stillborn
FULL Haman & Kalley	FULL MOTHER MAIDEN NAME MARY EXAMPLE
Residence (Usual place of abode) Jalston JdC.	Residence (Usual place of stode) Paleton, Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race W. Age at last Birthday (Years)	Color or race While Age at last Birthday 32 (Years)
Birthplace Man Talk Jda	(City and State or Country)
(City and State or Country) Occupation	Occupation Husewill
CERTIFICATE OF ATTENDIN	
I hereby certify that I attended the birth of this ch on the date above stated.	(1912) (1/12/1/2
(Sign	eature) 901, 900,
( *Where there was no attending physician )	Juga cian
or midwife, then the father, householder,	(Physician or midwife)
Late should make this noturn A stillhown	ess preston Sagara
child is one that neither breathes nor	coo
shows other evidence of life after birth. Filed	19 KA CULLE



	PLACE OF BIRTH DE	70 STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
C .	City of Ashlin	CERTIFICATE OF BIRTH		
RECORD made for	NoSt. Registration District	NO		
	Hospital Primary Registration	District No. Registered No.		
		cate of no value without full name of child.)		
PARATE RETURN order of birth stated	Set of Twin Triplet and In order or other?  Child Triplet or other?  (To be answered only in event of plural bin	Legiti- mate?  Date of 2 - 2 3 - 2 7  birth (Month) (Day) Year)		
IS A E RE f bird	What bactericidal solution was used in eyes?			
THIS ARA1 rder o		mber of child of this mother now living, including present birth		
SEPA in or	FULL RAME OF THE PRINT	MAIDEN GELMA South Hann		
TG IN	RESIDENCE ashton, Desho	RESIDENCE STATES TO SEA LO		
FADIN dat bit ber of	COLOR AGE AT LAST 2 BIRTHDAY (Years)	COLOR LET BIRTHDAY (Years)		
Obild on numb	BIRTHPLACE 2 Store	BIRTHPLACE ULLAL		
WITE an on ad th	OCCUPATION Spares	OCCUPATION Joursewife -		
WRITE PLAINLY V 3.—In case of more the	CERTIFICATE OF ATTENDII  I hereby certify that I attended the birth of this child, who can the date above stated.			
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Phys -		
N. B	Give names added from a supplemental report.  Address	ashlern divited koto-		
	Registrar.	2- = 3 1929 LAMLEGARIC Registrar.		

Hospitai FULL NAME OF CHILD ...... OCCUPATION thereby certify that I attended the birth of this endd, where or or the tree shove stated. Miller C. Berlin and Franciscoper Street, to (Sive nemeradded from a supplemental report.

loinit Ti

DELFARTMENT OF PUBLIC WELFARE BURRAU OF VIELL STAT

CERTIFICATE OF BIRTH

FUe No.

Registered No.

A Comment

Registered a Pistrict No.

Berthar 198

CERTIFICATE OF 27 (E)

STATE OF IDAHO be made for DO 1 THE PARTMENT OF PUBLIC WELFARE County of 2 1929 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH .....State File N 69605 Registration District No. (If born in homital or institution Prim. Registration District N .Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Sex of Child Male birth (To be answered only in event of plural births) (Month) (Dav) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth. Born slive and now living. Born alive but now dead. MOTHE FULL MAIDEN Residence (Usual place of abode). Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Color or rac Age at last Birthday (Years) Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

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(Physician or midwife) **Ve**gistrar.

(Year)

(Years)

(Dav)

g sou •

		STATE OF I	DAHO JC WELFARE DO NOT WRITE IN THIS SPACE		
22 -1	RECEIVED MAR 9 1929 DEPARTMENT OF PUBLIC		- mramydd		
A S		- PLACE OF DEATH CERTIFICATE OF	DEATH State File No		
, PHYSICIANS tement of 0C-	Соп	nty of The terra Registration District No	30 Local Registration No. 36		
YS.		O A D Primary Registration Distr	ict No. /0 5/ Local Registrar's No.		
LY, PHYS statement	Ulty	VI	``		
Y,		(If death occurred in a hospital or institution	n, give its name instead instead of street and number.)		
<b>~</b> > i	2. I	FULL NAME of want serving			
ECORD EXACT Exact	(	a) Application, Av	St. (If nonresident give city or town and State)		
	Leng	(Usual place of abode) gth of residence in city or town where death occurred - yrs mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
~ਰ . ∥		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 8	EX 4 COLOR OR RACE   5 Single, Married, Widowed,	16 DATE OF DEATH		
A se se l		male White or Divorced (write the word)	teb 11 1928		
			(Month) (Day) (Year)		
EL PE	5a If married, widowed, or divorced HUSBAND of (or) WIFE of		17 I HEREBY CERTIFY, That I attended deceased from		
بر <del>هر هر</del> ا			9-11- 1928, to 2'-)1 1928.		
THIS IS A PERJied. AGE should usy be properly certificate.	8 6	DATE OF BIRTH (month, day and year)	that I last saw harms alive on 2-11 19.34,		
tific by	7 AGE Years Months Days If LESS than		and that death occurred, on the date stated above, at 11 m.		
plied.		$\mathcal{O}$	The CAUSE OF DEATH was as follows:		
INK—THIS y supplied. at it may b ack of certif	8 (	OCCUPATION OF DECEASED	/ Still buth		
HONE Ily su that is back		(a) Trade, profession, or particular kind of work			
<u> </u>		(b) General nature of industry,	de de		
ADING carefulls, so the ns on h		business, or establishment in which employed (or employer)	(duration) yrs mos ds.		
Can can ins, ins		(c) Name of employer	CONTRIBUTORY(Secondary)		
UNFADING    be careful terms, so tl actions on l		Cour of blens	(duration) yrs mos ds.		
	9	BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted		
WITH should should plain e instru		0,000	Did an operation precede death? Date of		
B ∞ _ 0		10 NAME OF FATHER	Was there an autopsy?		
	၈	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?		
LAINLY iformati DEATH rtant.	z	(State or country)	(Signed)		
E PLAINLY of information OF DEATH important.	PARENT	12 MAIDEN NAME OF MOTHER /	2-/2 , 19.29 (Address) Colors		
	1	Troger Trager	*State the DISEASE CAUSING DEATH, or in deaths from VIO-		
HE OF I	11	13 BIRTHPLACE OF MOTHER (city or town)	I TENT CATISES State (1) MEANS AND NATURE OF INJURY,		
WRITE y item of CAUSE C		(State or country)	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.		
		Informant Jesse Sendy	19 Place of Burial, Cremation, or Removal Date of Burial		
7 U	11	(Address)	Forest lemely Job 13, 192		
H ta e		tour date tou.	20. Undertaker Address		
N. B should	CUPATION 15	Filed 2/13, 1921 W. W. Brennew	(A) Mooney heur Allere		
sho		Registrar	"UVV 2007"		

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions,'' "Debility," ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical opcration was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE APR 1 0 100 BUREAU OF VITAL STATISTICS 169668 BIRTH PERMANENT I RETURN must be the stated. Registration District No.... (If born in hospital or institution give name.) Registration, District No. A. Local Registrar's No. FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth ... Child or other? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Negnatorum Number of child of this mother, including present birth. (a) Born alive and now living. Born alive but now dead\_ FATHER FULL FADING child at Residence (Usual place of abode) esidence (Usual place of abode) If nonresident, If nonresident, give blace and State Color or race Age at last Birthday. Color or race\_ (Years) Birthplace Birthplace. State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH	VED MAD 1 a sooREP.	STATE O	F IDAHO	nn 🔿
County of	MAH I V (())	IREAU OF VI	TAL STATISTICS	RE .
City of Salsur				S
No	St.	CERTIFICAT	E OF BIRTH	
296-220636	Registration Dis	trict No	1. State File 1	169678
(If born in hospital or institu	tion Prim Registrati	on District No.		gistrar's No
				gistrar s No
FULL NAME OF CHILD		batitute the word "	Stillbirth" for name of	abild)
Twin	) (Number			chid)
Sex of Child Triplet or other (To be	> and < in order	Legiti- mate?	Date of Juny (Month)	20 1925 (Day) (Year)
What prophylactic was used	to prevent Ophthalmia/Ne	onatorum?		
Number of child of this mother, in	cluding present birth	_ (a) Born alive a	nd now living 1	
Born alive but now dead Dr	<u>.                                    </u>	Stillborn U	he.	
FULL Funk Brom	HER J	FULL MAIDEN Est	Ma Scrar	uS
Residence (Usual place of abode)	Salum	Residence (Usual	place of abode)	Salmon
If nonresident, give place and Sta	te	If nonresident, gi	ve place pnd State	
Color or race White	Age at last Birthday $+\gamma$	Color or race	a white Age	at last Birthday 33
Birthplace Canada	(Years)	Birthplace	daho.	(Years)
Sity and Stat			(City and State or Co	ountry)
Occupation Auch	CERTIFICATE OF ATTENDIN	Occupation	Hwfp	
	ttended the birth of this ch	( D.	aline)	5 /0 Qm.
*Where there was no atte or midwife, then the fath etc., should make this ret	er, householder, urn. A stillborn	5alm.	(Physician or mid	iwife)
child is one that neither shows other evidence of		3/. 2	29 Chi	Bellany

THACK OF IDARC MARKET DESCRIPTION TREBETION EDITERATE STATES TO CONSTRUCT CEWEINICATE OF BIEFE Price the least on Metrice Notice, les connected de l'Artistation THE MARKS OF CHILLS The weeks selfe were the live covers to the balance were the transfer that Company of could of the windows front along present in the state of th The work was to see the second mail Car I testificace (Burst pipe of aboti-Well delice of the pince of abedus. The market of the plant of the state of the 1 interest and a second of the TO STREET STORY STATE AND SOLD STATE " Alary at the second of the second Celettetcher is exercised by execution of the man I beserve coulfy that I agended the birra of this child, who was I Stiffmen on the date above stated. It was the (Simagere) "Whate there was no attend on the care the or rationise, then the father, here where etc. should make this return a still our ability is one that neither beauty of shows other enginee of life, after and

	PECELVER			
	RECEIVED APR 2	1020 STATE OF I	DAHO	
້ ໝູ່.		1929 STATE OF I BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN THIS SPACE
<b>5</b> 0	PLACE OF DEATH			State File No 65378
EXACTLY, PHYSICIANS Exact statement of OC-	County of Lawis	CERTIFICATE OF		State File No. 9378
K KS	Omai emant	Registration District No		Local Registrar's No.
PH Be	City of Talgath	Primary Registration Distr		
£ 5	(If death or	(No		netonal of stands and annual and
	2. FULL NAME	ill born	r, give its marine instead it	istead of street and number.)
RECORD EXACT: Exact				•
	(a) Residence. No	***************************************	St.	**************************************
	(Usual place of abode) Length of residence in city or town whe	re death occurred yrs. mos.	ds. How long in U. S.,	nonresident give city or town and State) if of foreign birth? yrs. mos. ds.
NG PERMANENT I hould be stated erly classified.	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH
SECT	3 SEX 4 COLOR OR RAC	E 5 Single, Married, Widowed.	16 DATE OF DEATH	
LAN.   be   class	fem white	5 Single, Married, Widowed, or Divorced (write the word)		. 1929
PERM should perly c	F- 14	1 -5-8-0	(Month)	(Day) 19(Year)
BINDING IS A PER AGE shoul p properly icate.	5a If married, widowed, or divorced HUSBAND of			
MDI S A GE 8 prop	(or) WIFE of Stillbb:	19.	Mah 3 HEREBY	CERTIFY, That I attended deceased from
BIND IS A AGE e projecte.		Mah 2 7828	MOTOL OF	19, to,
æ 22 .º∄	6 DATE OF BIRTH (month, day and y 7 AGE Years Months	ear)	that I last saw h	
FOR July plied.	Months Months	Days If LESS than 1 day,hrs.	and that death occurred	, on the date stated above, at m.
		ormin.	The CAUSE OF DEATH	i* was as follows:
BESERVED DING INK— refully supp so that it is on back of	8 OCCUPATION OF DECEASED		Stillborn- &	tuse unknown-
S a d	(a) Trade, profession, or particular kind of work			endead 10 days intra-
R RESER ADING   carefully s, so than	(b) General nature of industry, business, or establishment in		uterine	The same of the sa
BE Brefin	which employed (or employer)			(duration) yrs mos ds.
F. F. S.	(c) Name of employer		(Secondary)	
MARGIN RESI ITH UNFADING hould be carefull plain terms, so the	0.00	demond Idoba		(duration) yrs mos ds.
<b>⋖</b> ' '	9 BIRTHPLACE (city or town) Cra (State or country)	Ignont -uano	18 Where was disease co	, 2
WITH Should plain plain e instr			If not at place of dea	tth?
ادہ سے حط	10 NAME OF FATHERUR Roll	and Hart	Did an operation precede	death? Date of
PLAINLY, information ortant. Secortant. Se	40 44 51551151		Was there an autopsy? .	
T E E		or town)	What test confirmed dia	gnosis?
E PLAINLY of informati OF DEATH important.	(State or county) oulder Co	6010	(Signed)	erazamont deh
H : E E	✓ 12 MAIDEN NAME OF MOTHER	Abele	3-3-29 ( 19	(Address)
H 60 H	ACCOLE STOLETER	Abels	#State the DISTRACTS (	SATISTING DEARTH on to death down
	13 BIRTHPLACE OF MOTHER (cit (State or country) COlumb 12	Co <sup>to</sup> Wash	LENT CAUSES, state	CAUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY,
				ENTAL, SUICIDAL. or HOMICIDAL.
F. S. SI	14 Informant		19 Place of Burial, Crem	nation, or Removal   Date of Burial
-Every state C	(Address)	Samuel (11)		ry Graigmont 3-4-29 19
I. B.—Even		equiry Made	X7	
f. B.— hould JUPAT	15 Filed 3/3 1924	18-0.01	Clyde Clovie	Graighont Ida
- AB	F1160	Registrar	1346 70	\

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the d certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH-Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report 'Typhoid Pneumonia'): Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measies: Whooping cough: Chronic valvular heart disease: Chronic Interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," ("Congenital," "Senile," 'Convulsions," "Debility," "Heart Failure," "Hemorrhage," "Dropsy." "Exhaustion." "Inanition." "Marasmus." "Old age." "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL. or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by cartolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS -- Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO APR 5 1929 EPARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS City of PERMANENT REC RETURN must be m birth stated. Registration District No ..... Primary Registration District No. 20 /5 Local Registrar's No... Hospital ..... FULL NAME OF CHILD. (Certificate of no value without full name of child) Date of 7 Twin Number Legiti-Sex of in order Triplet birth Child or other? of birth mate? o ena—THIS IS A birth a SEPARATE (To be answered only in event of plural hirths) (Month) (Day) (Year Number of child of this mother, including present birth r of child of this mother now living, including bresent birth FULL MAIDEN NAM each, RESIDÉ one child at Jo COLOR AT LAST COLOR AGE AT LAST BIRTHDAY BIRTHDAY\_ the number (Years) BIRTHPLACE OCCUPATION OCCUPATION than and CERTIFICATE OF ATTENDING PHYSICIAN case of more WRITE PLAINLY I hereby certify that I attended the birth of this child. on the date above stated. \*When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or minwife) Give names added from a supplemental report. Registrar. Registrar.

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BEAUTI TO ST CHARLES ON DURING WELLS AFTER EDITORIE OF TITAL STATISTICS County of Albertan CEPTED TO TELL OF BIRLY Street FRE Ko. Bost to Photo the first the street with the street was the street of the the street was the street of the street o THE PARTY OF SHARE OF SHARE THE (Corrections and came without full page of collecand home 1935ar Trumm 10 Month Charles angwiered unity reservoir at their I'hat kenterleidel solution was used lu even! Course of their of this work wow living mailfall fee Semilar of alled at this sport of welling or exact birth. AGE AT LAST CENTIFICATE OF ATTICNING PHYSICIAN OR MIDWIFE. secretic course that I attended the birth of this child, who was i Climete both date what wild no Tring there was no ottonium physical or on mile than the faller. Both of the constitution " mienter feb) oin choold make the feeder A stillborn (Physician or midwitt) Lives the continuent of the sets with tive miner added from a supplemental report war to he

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WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD	RETURN
<b>A</b>	田田
202	٥
THIS I	SEPAR/
J	=
N	birth
9 2	at _
FADI	child
S	one
VITH	than
ILY V	more
3	<b>*</b>
PLA	case
WRITE	B.—In
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:	PLACE OF BURTHVID APR 1 2 1929	STATE OF IDAHO					
County of DEPARTMENT OF PUBLIC WELFARE							
	City of Juristan	UREAU OF VITAL STATISTICS					
		CERTIFICATE OF BIRTH					
	N395 109 B5 45 St	40000					
	(If born in hospital or institution give name!)  Registration District No						
귳							
stated	FULL NAME OF CHILD	bstitute the word "Stillbirth" for name of child)					
100	Twin ) (Number						
birth	Sex of Triplet and in order of birth	Legiti- mate? Wes birth an 9 1929					
	(To be answered only in event of plural b	irths) (Month) (Day) (Year)					
jo	What prophylactic was used to prevent Ophthalmia Nec	onatorum?					
de	Number of child of this mother, including present birth	(a) Born slive and now living					
ō	Born alive but now dead.	Stillborn 2					
i.i	FATHER	FULL MOTHER					
ď	NAME William F Tiemeyer	MAIDEN Bertha Merkling					
each							
of	Residence (Usual place of abode)	Residence (Usual place of abode) Orofino, Vales					
1	If nonresident, give place and State	If nonresident, give place and State					
number	Color or race Age at last Birthday 35	Color or race Age at last Birthday 26					
n	Birthplace Indiana (Years)	Birthplace Minnesota (Years)					
the	(City and State or Country)	(City and State or Country)					
3	Occupation Farmer	Occupation Housewife					
and	CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE					
	I hereby certify that I attended the birth of this ch	ild, who was Stillborn at					
each	on the date above stated.	11 71116					
,	(Sign	nature)					
	( *Where there was no attending physician )	<u>.,</u>					
	or midwife, then the father, householder,	(Physician or midwiff)					
	detc., should make this return. A stillborn	ess Seurston Idaho					
1	child is one that neither breathes nor	Feb 8 1929 Susan & Bruce					
;	shows other evidence of life after birth.   Filed	Registrar.					
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2:	RECEIVED ADDIO	STATE OF IDAL	HO	
PHYSICIAN of OCCUPA	- Arnia	STATE OF IDAI 929 DEPARTMENT OF PUBLIC BUREAU OF VITAL ST	C WELFARE	DO NOT WRITE IN THIS SPACE
	PEACE OF DEATH	CERTIFICATE OF		State File No
JO JO	County of pace	Registration District No	96-	
<b>.</b>	City of Askersum	Primary Registration District	No. 1009	Local Registrar's No
ORD ACTLY, statemen	<b>/</b> 22 x 11	(No	ch !	)
RECORD EXACTLY cact stateme	Oliense		illboom	number.)
REC Kact	2. FULL NAME AND NO.	1009 100	St.	
ated E	(a) Residence. No(J (Usual place of abode) Length of residence in city or town where do	eath occurred. yrs. mos. ds.		If nonresident give city or town and State) of foreign birth? yrs. mos. ds.
DING A PERMANENT should be state erly classified. E	PERSONAL AND STATISTIC		MEDICA	AL CERTIFICATE OF DEATH
em d d b assif	8. SEX 4. COLOR OR RACE		16. DATE OF DEAT	
NG PERI hould y clar	M Muli	Hillson	gan	(Month) (Day) (Year)
ש הם הם הם הם	5a. If married, widowed, or divorced HUSBAND of	Quant.	17. I HEREBY CERT	TFY, That I attended deceased from
	(or) WIFE of	110 och 1969		, 19, to, 19
FOR THIS ed. iy be e.	6. DATE OF BIRTH (month, day and year  7. AGE Years Months	Days If LESS than 1 day,	that I last saw h	alive on, 19, alive on, 19, 19, n.
_ 1 = 64	Stellforn	hrs. or min.	// ^	rH* was as follows:
SERVED G INK— ly suppli hat it ma certificat	8. OCCUPATION OF DECEASED		- Que	wome
RESERVED DING INK— efully suppl so that it m of certifica	(a) Trade, profession, or particular kind of work			
	(b) General nature of industry, business, or establishment in	1 1-		(duration)yrsmos,ds.
MARGIN TH UNFA Ild be ca in terms, n on back	which employed (or employer) (c) Name of employer	symbe	CONTRIBUTORY(Secondary)	
Sme <sup>™</sup> °	(c) Name of Employa	1 Ida	(Secondary)	(duration)yrsmosds.
MAWITH WITH Should plain ction	9. BIRTHPLACE (city or town) (State or country)	www orca	18. Where was disease if not at place of	
	10. NAME OF FATHER	The second	Did an operation prece	de death? Date of
	11. BIRTHPLACE OF FATHER (city of	r town)	Was there an autopsy What test confirmed di	E. Versed direct
PLAI form DEA' See	(State or Country)		(Signed)	DM D
	11. BIRTHPLACE OF FATHER (city of State or Country)  E	ertha Jumeyes	1-12, 19	L MAddress Company Com
ite AU	18. BIRTHPLACE OF MOTHER (city (State or Country)	or town)	*State the DISEASE CAUSES, state (1) M whether ACCIDENTAL	CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.
-Every state C	14. Informant / M. K. J.	pinly	19. Place of Burial, C	remation, or Removal Date of Burial
d st	(Address)		26 Undertaker	n Address
f. B. TON	15. Filed Feb 9, 1929 &	Man E Srue Registrar	Vassars	Und Co Dewiston
4 70 E				

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

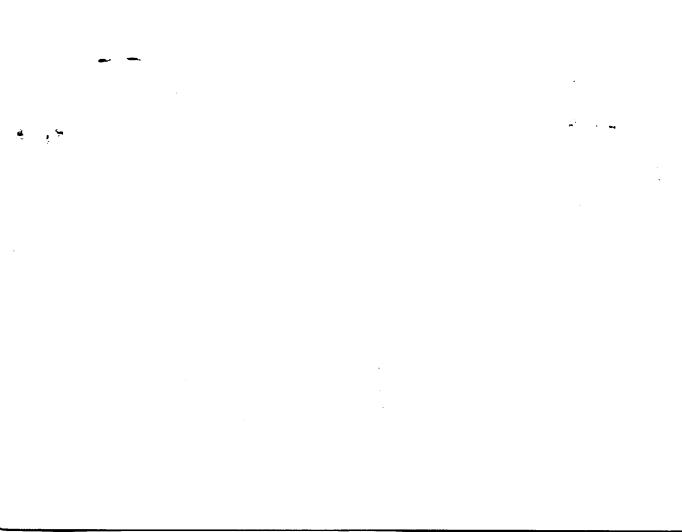
sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

	PLACE OF BIRECEIVED APR 1 2 1929 STATE OF IDAHO
_ 6	STRILL OF IDANO
ECORD made for	County of July DEPARTMENT OF PUBLIC WELFARE
52	City of Suleston, Ida BUREAU OF VITAL STATISTICS
7 % E	CERTIFICATE OF BIRTH
	No. 37 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ENT Enust	178 kom in komital kamilal ka institution
ZZ.,	give name.)  Prim. Registration District NoLocal Registrar's No
E RE	FULL NAME OF CHILD Millwith Montague = ; ;
sta E	(If stillborn, substitute the word "Stillbirth" 1 name of child)
고문속	Sex of Z Twin Triplet and Number Legiti- 21 Date of Jel 17
SEE S	Child Temale or other? (of birth mate? birth (Month) (Day) (Year)
IS IS A PERMAN ARATE RETURN er of birth stated.	What prophylactic was used to prevent Ophthalmia Neonatorum?
22 2	Number of child of this mother, including present birth 4th (a) Born slive and now living 3
SEP	Born alive but now dead.
birth each,	FULL M MOTHER STATE MAIDEN Dettie Joues
	1 1 2 - 1 - 401
ADIN ild at er of	Residence (Usual place of abode)
child mber	Is nonresident, give place and States Meridian, Minomesident, give place and States Meridian, Mariante and States Meridian and
2 5 E	Color or race Age at last Birthday (Years)
one chi numb	Birthplace Rithplace // Lux.
an the	Occupation Occupation Occupation
more than	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
ore	The desired of the Land of the Little Line (Still Line)
	I hereby certify that I attended the birth of this child, who was Stillborn at M. on the date above stated.
ea ea	(Signature) / WWW Admissry
r L.	(*Where there was no attending physician)
3 =	or midwife, then the father, householder, (Physician or (P
7	etc., should make this return. A stillborn child is one that neither breathes nor Address
Ž K	
ż	shows other evidence of life after birth. Filed Man. S. 1929 Susan E Bruce.  Registrar.



I!		STATE OF IDA	HO	J. huso	<u>^</u>	
PLACE OF DEATH		IC WELFARE DO NOT WRITE IN THIS S			.CE	
			State File No	) ) ) )		
Cor	unty of Nez Perce.		_		<del></del>	
Cit	y of Lewiston.	Registration District No		Local Registrar's N	Vo	
010		Primary Registration District				
		(No. St Joseph Hos	name instead of street and n	)		
			name more of porter and a	· · · · · · · · · · · · · · · · · · ·		
2.	FULL NAME Stillbo	rn Montague.				
1	(a) Residence. No			nonresident give city or to	wn and State	 9)
Le	(Usual place of abode) ength of residence in city or town where de	eath occurred. yrs. mos. ds.		foreign birth? yrs.	mos.	ds.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAI	L CERTIFICATE OF DEAT	н 160	
8.	SEX 4. COLOR OR RACE		16. DATE OF DEATH			
	Temale. White.	or Divorced (write the word)	Febr	uary 17th, 1929.		19
				Month) (Day)	(Yei	ar)
UA	. If married, widowed, or divorced HUSBAND of (or) WIFE of		17 I HEREBY CERTII	FY, That I attended deceased	from	2 00
		1927, to 7 1929				
в.	DATE OF BIRTH (month, day and year)	2/17/29.	that I last saw h	alive on Such	19.	
7.	AGE Years Months	Days If LESS than 1 day,	11	on the date stated above, at		m.
		min.	The CAUSE OF DEATH		l. l. f:	
8.	OCCUPATION OF DECEASED		mother ha	is a cute ne	enung.	
	(a) Trade, profession, or particular kind of work	None.	A market	pary ou	The same	71
			- Mayw	7 7 7 14	g sv w	w
	(b) General nature of industry, business, or establishment in which employed (or employer)		20x 3241/2 (1)	Myourelle / State	mos	ds.
	(c) Name of employer		CONTRIBUTORY (Secondary)	†		
	(c) Name of employer		(Secondary)	(duration)yrs	mos.	đs.
9. BIRTHPLACE (city or town) Lewiston, (State or country) Idaho.		18. Where was disease	•			
	(State or country)	Idaho.	18. Where was disease contracted if not at place of death?			
10. NAME OF FATHER  J. P. Montague.  11. BIRTHPLACE OF FATHER (city or town) Stanton,  (State or Country) Kentucky.		Did an operation precede death? Date of				
			Was there an autopsy?			
SL	11. BIRTHPLACE OF FATHER (city of (State or Country)	or town) STARTOR,	What test confirmed dia	gnosid	MAN	
PARENTS	(State of County)	Kentucky.	(Signed) 2/18/29 10	My July		м. р.
PA	12. MAIDEN NAME OF MOTHER	ettie Gladys Jones.	<u> </u>	(Kettress)	M	OR
			*State the DISEASE	CAUSING DEATH, or in dea	ths from VIO	LENT
	18. BIRTHPLACE OF MOTHER (city (State or Country)	or town) Tenn.	CAUSES, state (1) M. whether ACCIDENTAL	CAUSING DEATH, or in dear EANS AND NATURE OF , SUICIDAL, or HOMICIDA	INJURY, an L.	nd (2)
			19. Place of Burial, Cre		ate of Burial	
14		ontagul				19
1	(Address) // Lewisto	n, Idaho.	Lewiston, Id		18/29.	
li			20. Undertaker	A	aaress	
10	5. Filed		Brower-Janu	- Commones Tor	viston,	TAAha

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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STATE OF IDAHO 1929 EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County CERTIFICATE OF BIRTH City of..... Registration District No Hospital ..... Primary Registration District No..... Local Registrar's No...... Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order or other? of birth matel Child (Month) (Dav) (Yaar) (To be answered only in event of plural births) What bactericidal solution was used in eves!..... Number of child of this mother, including present birth\_ Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME NAME RESIDENCE COLOR COLOR BIRTHDAY BIRTHDAY (Years) (Years) OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MID more WRITE PLAINLY —In case of more I hereby certify that I attended the birth of this child, who was I Stillbox on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife Give names added from a supplemental report. Registrar.

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PHYSICIANS of OCCUPA-	MAR 1 6 1929 STATE OF IDAI DEPARTMENT OF PUBLIC PLACE OF DEATH BUREAU OF VITAL ST	C WELFARE - DC-NOT WRITE IN THIS SPACE			
= 1	County of July Level City of Life Tuala City of Life Tuala Primary Registration District	Local Registrar's No.			
NG PERMANENT RECORD nould be stated EXACTLY, y classified. Exact statemen	2. FULL NAME Daby Swelger (a) Residence. No.	name instead of street and number.)			
NENT F stated ied. Ex	(Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH			
ING PERMAI should be	S. SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divoged (write the word)	16. DATE OF DEATH Jet 3			
BINDIN S IS A P AGE sho properly	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  19			
FOR—THIS lied.	6. DATE OF BIRTH (month, day and year) felt 3-1929  7. AGE Years Months Days If LESS than 1 day, hrs. or	that I last saw h alive on , 19 and that death occurred, on the date stated above, at m.			
MARGIN RESERVED FOR UNFADING INK—TIND IN CALL OF THE C	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	The CAUSE OF DEATH* was as follows:  As In Maye J  Case;  (duration) yrs, mos. ds.  CONTRIBUTORY (Secondary)			
MA WITH should n plain (	9. BIRTHPLACE (city or town) Schar ho (State or country)	(duration) yrs, mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Date of.			
PLAINLY, information DEATH in See instr	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER  14. MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed diagnosis?  (Signed) — E Bruce Regation, M. D.			
WRITE   writem of in AUSE OF important.	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT			
OUTH †  W W —Every itel is state CAU	14. Informan W. Suylyh (Address) Suferf wala	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Pace of Burial, Cremation, or Removal Date of Burial 19			
N. B.—should	16. Filed JIM, 1929 June June M. Registrar	20. Undertaket Julian Juliana			

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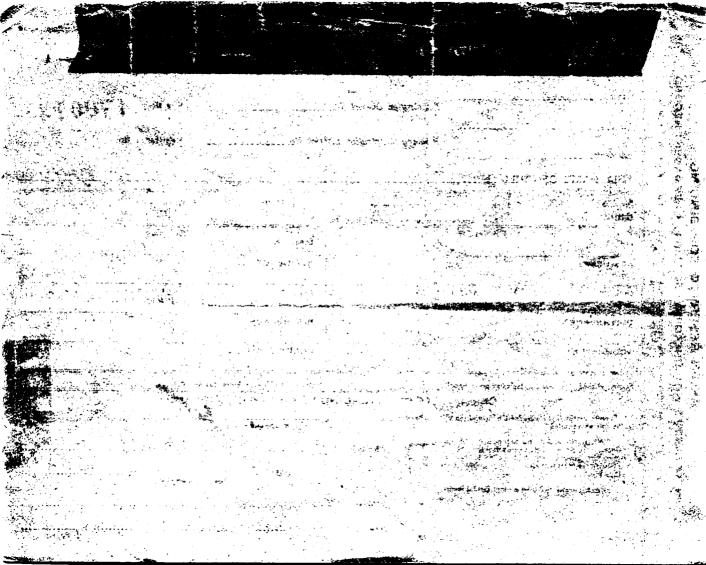
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LIL PLACE OF BIRTH 175	STATE OF IDAHO					
// FVEL.C// V/M/	PARTMENT OF PUBLIC WELFARE SUREAU OF VITAL STATISTICS					
(Ord) Objectively control of the con	CERTIFICATE OF BIRTH					
No. St. Registration District	No. 26 State File No. 169991					
	•					
FULL NAME OF CHILD (Certificate of	no value without full name of child)					
Sex of Twin Triplet and Number in order or other?  (To be answered only in event of plural birth.)	Legiti- mate?  Date of Manual 30 1929  (Month) (Day) (Year)					
What bactericidal solution was used in eyes?	tlborhe					
Number of child of this mother, including present birthNumb	per of child of this mother now living, including present birth					
FULL FATHER Bake	FULL MOTHER MAIDEN NAME MOTHER MOTHER					
RESIDENCE Malal	RESIDENCE MALA					
COLOR AGE AT LAST BIRTHDAY (Years)	COLOR VAGE AT LAST 23 BIRTHDAY (Years)					
BIRTHPLACE Malul	BIRTHPLACE POCATULES					
OCCUPATION J. Nrmer	OCCUPATION Louising					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  Second that I attended the birth of this child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of the child, who was Stillistin at the second of						
on the date above stated.	i, who was ( still port) at					
or midwife, then the father, householder, Signa etc. should make this return. A stillborn	ture)					
shows other evidence of life after birth.	(Physician or midwife)					
, 192 Addres	2/21 9 0 m/M					
Registrar.	Registrar.					
	County of City of No. St. Registration District  Hospital Primary Registration  FULL NAME OF CHILD (Certificate of Sex of Child Cother? Triplet of other? Of birth (To be answered only in event of plural birth)  What bactericidal solution was used in eyes? Number of child of this mother, including present birth Number of child of this mother, including present birth Number of child of this mother, including present birth Number of child of this mother, including present birth Number of child of this mother, including present birth (Years)  BIRTHPLACE OCCUPATION  CERTIFICATE OF ATTENDING (Years)  I hereby certify that I attended the birth of this child on the date above stated.  When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Address.					

OHEST NO STATE DEPARTMENT OF PUBLIC WELFARM BURRAU OF VITAL STATISTICS County of, the CERTIFICATE OF BIRTH Recustivities District Not ... Com. Fr. . Stree Pile No. Primary Registrate a custrict No. ... ... ... Local Registrat's No. ... ... Hospital Cherificana of the align without 2011 anone of childs So miedi - Clare inferior si rolaisT i di cent (VEG) Chlanki In he energered only in overe of pla-What bactericidal solution was used in cross? Souther of child of this mother non-living, including necessal birth become at abilit of the mother including present buth MOTHER **PBHTAR** MARGEN **M**ULDO AGE AT LAST HOUSE. lucas (1 CERTIFICATE OF ATTENDING PHYSICIAN OR MID Take di in I be noby certify that I attended the birth of this child, who was | Stillione . ! at on the date above stated. when there was no attending physician (Summark) or milwife, then the father, nouseholder, ste, should make this roturn. A affilhome rbild is one that notines breathes nor shows other evidence of life after birth. (Pleusichen or m. w. Ofre names added from a supplemental report. 3-2000 tills 6

STATE OF IDAHO RECORD Registration District No. Primary Registration District No. 2176. Hospital My name Sex of Date of mate? Child (Month) (To be answered only in event of plural births) MOTHER FULL FULL MAIDEN NAME RESIDENCE COLOR COLOR (Years (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION I hereby certify that I attended the birth of this child, who was on the date above stated. atillborn \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that 5606 WRITE neither breathes nor shows other evidence of life after birth. Given names added from a supplemental report. Registrar 5-Y CO. 24695



RECORD EXACTLY, PHYSICIANS cact statement of OCCUPA-	STATE OF IDA  PLACE OF DEATH  PLACE OF DEATH  County of Jetan  City of	DO NOT WRITE IN  656 State File No	06	
		How long in U. S., if of foreign birth? yrs.	mos. ds.	
NG PERMANENT nould be state r classified. E	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	MEDICAL CERTIFICATE OF DEAT  16. DATE OF DEATH  (March	H 1099	
BINDING IS A PERI AGE should properly cla	Male While Single  5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from		
FOR THIS lied.	6. DATE OF BIRTH (month, day and year) March 121 1929  7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at.	, 19	
RESERVED FOR INK—The fully supplied to that it may of certificate.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows:  About 4 month  Funni	Tura	
UNFADIN be careful terms, so the careful on back of	(b) General nature of industry, business, or establishment in which employed (or employer)  (e) Name of employer	CONTRIBUTORY (Secondary)	mos. ds.	
MA WITH should plain (	9. BIRTHPLACE (city or town) Victor (State or country)	(duration) yrs,  18. Where was disease contracted if not at place of death?	mos. ds.	
NLY, ation TH in instru	10. NAME OF FATHER Heorge Stratton	Did an operation precede death? Date of Was there an autopsy?		
PLAINLY information F DEATH	11. BIRTHPLACE OF FATHER (city or town) Sugara (State or Country)  12. MAIDEN NAME OF MOTHER (City or town) Sugara  14. MAIDEN NAME OF MOTHER (City or town) Sugara  15. MAIDEN NAME OF MOTHER (City or town) Sugara  16. State or Country)	What test confirmed diagnosis? (Signed)  3 - 127 - 1929 (Address)	in midnig	
WRITE item of ir	18. BIRTHPLACE OF MOTHER (city or town) August (State or Country)	*State the DISEASE CAUSING DEATH, or in deat CAUSES, state (1) MEANS AND NATURE OF whether ACCIDENTAL, SUICIDAL, or HOMICIDAL	ths from VIOLENT INJURY, and (2)	
Every it tate CA very in	14. Informant Mrs. O. B. Custib	✓19. Place of Burial, Cremation, or Removal Da	ate of Burial  ar Ch, 1929	
N. B.—E	15. Filed 3-10-, 1929. Martha Marker Registrar	20. Undertaker	ddreu 1070	

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<u> </u>	PLACE OF RIPTH RECEIVED APR 1 2 1020 PR	STATE OF IDAHO								
ದಿಷ	County of APR (% WEP	ARTMENT OF PUBLIC WELFARE								
RECORD be made for	В	UREAU OF VITAL STATISTICS								
Ŏ B	City of	CERTIFICATE OF BIRTH C								
22.3	No St.	CERTIFICATE OF BIRTH 3 1 76121								
H #		trict No. 39 State File No. 70131								
		/ _								
PERMANENT RETURN must h stated.	(If born in hospital or institution give name.) Prim. Registration	on District No. 2087 Local Registrar's No								
A Se se	FULL NAME OF CHILD. Stillborn, substitute the word "Stillbirth" for name of child)									
	LUMB TOTAL OF CHIMP	(If stillborn, substitute the word "Stillbirth" for name of child)								
	Sex of Twin Number	Legiti. Date of								
	Child or other?	meta? birth 3- 25 1929								
	(To be answered only in event of plural h	irths) (Month) (Day) (Year)								
~~≅ ~ I	What prophylactic was used to prevent Ophthalmia Nec	natorum?								
THISEPA	Number of child of this mother, including present birth	(a) Rom slive and now living								
SEP	Born alive but now dead.	Stillborn								
J #.E	FATHER									
Z右둑	FULL	MAIDEN								
birth each,	NAME C. 2. Yawayay	NAME								
Z	Residence (Usual place of abode)	Residence (Usual place of abode)								
UNFADING me child at h number of e	If nonresident, give place and State	If nonresident, give place and State								
(FAD child mber										
num de	Color or race . Age at last Birthday (Years)	Color or race . Age at last Birthday (Years)								
	Birthplace	Birthplace (City and State or Country)								
the H	(City and State or Country) Occupation									
F#4		IG PHYSICIAN OR MIDWIFE								
2.48	( Born skin									
PLAINLY	I hereby certify that I attended the birth of this ch	ild, who was Stillban at 1.30. M.								
of mo	on the date above stated.	Ela Barrel								
₹°	(Sign	ature) 4 7 Juny								
PIL/	( *Where there was no attending physician )	***************************************								
	or midwife, then the father, householder,	(Physician or midwife)								
	detc., should make this return. A stillborn	ess /July Jea								
WRITE B.—In	child is one that neither breathes nor									
ż	shows other evidence of life after birth. Filed	3 3/ 1914 / IV Wufly								
_		Registrar.								

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	VLU Z Z 1858	
<u>.</u>	PLACE OF BIRTH	STATE OF IDAHO
ದಳಿ		RTMENT OF PUBLIC WELFARE
SCORD made for	OUULIUV UL. X. Z.	JREAU OF VITAL STATISTICS
용혈	City of State Tull	OREAU OF VITAL STATISTICS
RECORD be made f	7100	CERTIFICATE OF BIRTH
_	No. St.	~ ·
Eta	23/109 010-217 Registration Dist	rict No. 13 State File No. 70286
NENT V must	(10 how in homelan) on invitable	
<b>Z</b> Z .	give name.) Prim. Registration	n District/No.2.1 D. Local Registrar's No
<b>₹23</b>	FULL NAME OF CHILD	
PERMAN RETURN th stated.	I TULL NAME OF CHILD(If stillborn sul	stitute the word "Stillbirth" for name of child)
西西部	(Twin ) (Number	
P 2 3	Sex of Triplet and in order	Legiti- V Date of 3 9
S A F TE R birth	Child or other? of birth	mate? birth
	(To be answered only in event of plural bi	
RA' of	What prophylactic was used to prevent Ophthalmia Neo	natorum? / Deliee het vel
THIS SEPA order	Number of child of this mother, including present birth	(a) Born alive and now living
SE	•	
in a in	Born alive but now dead	Stillborn ges at a well
Maria	FATHER	FULL MOTHER
birth each,	NAME Plyes M Black	NAME Eng 3 anti-
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Z # H	Residence (Usual place of abode)	Residence (Usual place of abode)
	If nonresident, give place and State and Cat	If nonresident, give place and State
UNFAD ne child number	14	1//
Z	Color or race. Age at last Birthday (Years)	Color or race Age at last Birthday (Years)
	Birthplace Menan I de	Birthplace United States
E a g	(City and State or Country)	(City and State or Country)
	Occupation Called	Occupation Hause
and the	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE
		2.45 Cl
Cach Each	I hereby certify that I attended the birth of this chi	id, who was ( Stallborn at
No 5	on the date above stated.	HY XX
	(Sign	ature)
PL/case	*Where there was no attending physician	1 X X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	or midwife, then the father, householder,	(Physician or midwife)
	etc., should make this return. A stillborn	V Total Oct
WRITE B.—In		ss Aund fells Ideho
B≪	child is one that neither breathes nor	and on 1029 CIAL
z	shows other evidence of life after birth.   File	Registrar.
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ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	County of Regis City of Prime	ospital or institution, give its r a Becher a Ove. So	DEATH  Local Registrar's No. 2006		
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH		
NG PERN Pould	Female Whits	Single, Married, Widowed, livorced (write the word)	(Month) (Day) (Year)		
BINDING IS A PERMANE: AGE should be st properly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from		
FOR THIS ied.	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days	If LESS than 1 day,	and that death occurred, on the date stated above, at m.		
	8. OCCUPATION OF DECEASED	min.	The CAUSE OF DEATH* was as follows:		
<b>~</b> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(a) Trade, profession, or particular kind of work.		Juliou sat term		
GIN INFA e car rms, r	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer		(duration)yrsmosds.  CONTRIBUTORY(Secondary)		
MAR WITH U should b plain ter	9. BIRTHPLACE (city or town) (State or country)	halo			
LY, on f f in stru	10. NAME OF FATHER	3. Becker	Did an operation precede death? Date of Was there an autogsy?		
PLAI nform DEA		any.	What test confirmed thagnesis?  (Signed), M. D.		
WRITE tem of in	1	ried Baker			
ii AU		منب	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
-Every state C is very	14. Informant Rev. Q. P. Beach	cher.	19. Place of Burial, Cremation, or Removal Date of Burial		
N. B.— should s	15. Filed # _ / 7 , 1929.	Registrer	20. Undertaker Mrs. Naua M. Falley Nampa, Ha		

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

(Physician or midwife)



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	ICOUNTY OF 120	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
	366/1070/6/493 Registration Dist	rict NoState File No.! 70430
ated.	FULL NAME OF CHILD	on District NoLocal Registrar's No
birth st	Sex of Twin Triplet and Number in order or other?  Child male Triplet or other?  Child in event of plural b	Legiti- mate? 4.0 Date of birth MAN 7 19.2 9
er of	What prophylactic was used to prevent Ophthalmia Neo	
n ord	Number of child of this mother, including present birth  Born alive but now dead	Stillborn
each, i	FULL Juman Cooper	MAIDEN Reotea Dillion
ofe	Residence (Usual place of abode).	Residence (Usual place of abode)
number	Color or race  Age at last Birthday 35  Birthplace  Output  Description:  Output  Descri	Color or race  Birthplace  Color of race  Age at last Birthday  (Years)
the	Occupation (State or Country)	(City and State or Country) Occupation
each and	I hereby certify that I attended the birth of this chief on the date above stated.  (Sign or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	ature)  (Physician or midwife)

Pay \

County of	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS
City of Little	CERTIFICATE OF BIRTH
No	trict NoState File N170432
	on District NoLocal Registrar's No
	bstitute the word "Stillbirth" for name of child)
Sex of Child Twin Triplet or other? (To be answered only in event of plural bi	birth Date of 9 4 19.2 (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neo	onatorum?
Number of child of this mother, including present birth	(a) Born alive and now living
Born alive but now dead	
FATHER NAME Wilford C. morgan	FULL MOTHER NAME NAME MOTHER
Residence (Usual place of abode)	Residence (Usual place of abode)
If nonresident, give place and State	If nonresident, give place and State
Color or race Age at last Birthday 3 9	Color or race Age at last Birthday (Yea
Birthplace Joura	Birthplace (City and State of Country)
Occupation Haborer	Occupation Housewife
I hereby certify that I attended the birth of this chi	(Bern stive)
	nature) dieg & Deau
*Where there was no attending physician	M. D. Burly Sel
etc., should make this return. A stillborn	(Physician or midwife)
child is one that neither breathes nor Addre	ess (1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	County of Bicity

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FORM V. S. No. 5-25 M. 1-16-12 I DEATE. State of Idaho BOARD OF HEALTH on District No Bureau of Vital Statistics County of Primary Registration District No. File No. City of (No. Registered No. ..... if death occurs away from If death occurred in a hosusual residence, give facts called for under special pital, institution or camp, give its NAME instead of information. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WID-OWED OR DIVORCED. 16. DATE OF DEAT -the word.) 6. DATE OF BIRTH (Year) I HEREBY CERTIFY. That I attended deceased from (Day) (Year 7. AGE IF LESS than 1 day that I last saw h how many ..... hrs. or and that death occured on the date stated above, at was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work.. (b) General nature of industry, business, or establishment in which employed (or employer)..... 9. BIRTHPLACE Contributory (State or Country) (Secondary) 10. NAME OF FATHER (Duration I information should SE OF DEATH in pot occupation is a 11. BIRTHPLACE OF FATHER (State or Country) \*State the DISEASE CAUSING DEATE; or in deaths from VIOLENT CAUSES, state (1) 12. MAIDEN NAME MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death.....yrs.....mos.....days. State.....yrs.....mos.....days (State or Country) Where was disease contracted 14. THE ABOVE IS if not at place of death?.... Former or (Informant) usual residence ..... BURIAL OR REMOVAL DATE OF BURIAL 15. 20. UNDERTAKER ADDRESS Local Registrar SYMS - YORK CO., PTRS. & BORS.

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A-A	STATE OF IDAE										
<b>AB</b>	RECEIVED MAY 8 1929 BUREAU OF VITAL ST.						ATISTICS			S SPACE	
5 <u>5</u>										097	
	Car	t. of Fr	ankli	n.		CERTIFIC	ATE OF I	DEATH	.0.3.4		
PHYSICIANS t of OCCUPA-	Co	unty or	•••••		Regist	ration Distric	t No				
1.5	Cit	y of	Prost	.on	Prima	rv Registrati	on District	No	Local Re	gistrar's No	••••••
- ar						•					
25 ta				(If death oc	curred in a ho	spital or institu	tion, give its r	name instead of street an	d number.)		
RECORD' EXÀCTLY, act statement		FULL NA	A BATES	Baby	Nielse	n				٠.	
RECORD EXACTI											
70.73		(a) Resi	dence. N place of ab	O ode)			_	St.  How long in U. S., if	(If nonresident giv		
NENT R stated ed. Exa	Le	ngth of resid	ence in city	y or town wher	e death occur	ed. yrs.	mos. ds.	How long in U. S., if	of foreign birth?	yrs. m	os. ds.
NG PERMANENT hould be state y classified. E	,		PERSONAL	L AND STATE	STICAL PART	TICULARS		MEDIC	AL CERTIFICATI	E OF DEATH	
tM.	8.	SEX	4.	COLOR OR R	ACE 5. SI	ngle, Married,	Widowed,	16. DATE OF DEA	TH	51	
PERI PERI Should rly clau		male	W.	rhite	or Di	rorced (write the Ing I	ie word)	B	#	30	1929
rich P		. If married,	widowed,	or divorced					(Month)	(Day)	(Year) /
BINDIN IS A P AGE sho properly		HUSBA (or) WI	ND of FE of					17. I HEREBY CER	•		
				·····	Ap	r 30	<del>192</del> 9		, 19, to		
THIS ed.				onth, day and y	<del>,</del>	Te T Poo	than 1 day,	that I last saw h	•		•
	\ '··	AGE	Years	Months	Days	II LESS	hrs. or	and that death occurr			m.
S N Z E E					<u> </u>	m	in	The TUSE OF DE	TH* was as follow	78:	
SERVED VG INK— Ily suppl hat it m certifica	8. OCCUPATION, OF DECEASED baby					- 94	NO		_		
S P P S		(a) Trade, particular k	profession, and of wor	or k					- ALLAN	essey	
RGIN RESE UNFADING be carefully erms, so tha n back of ce		(b) Genera	l nature of	industry.							
K S Z Z		business, or which empl	establishm o <b>yed (o</b> r er	nent in mployer)				<i></i>	1	yrs,yrs,	mosds.
	9. BIRTHPLACE (city or town) Preston Idaho (State or country)					CONTRIBUTORY (Secondary)  (duration)  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Date of					
⋖ਜ਼ਜ਼ੑੑੑੑੵ੦∣											
WITH WITH should plain ction											
VLY, trion TH in instru	10. NAME OF FATHER Carl G. Nielsen						Was there an autops		Date of		
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (dinentern)				What test confirmed		)/)	-//			
PLAIN nforma DEAT See	11. BIRTHPLACE OF FATHER (4py time) Ut ah (State or Country)  12. MAIDEN NAME OF MOTHER VORY Obery					(Signed)		their	(C), M. D.		
	12. MAIDEN NAME OF MOTHER VORY ODORY				(Signed), 19(Address).						
WRITE m of in ISE OF portant.	12. MAIDEN NAME OF MOTHER VORY Obery										
SE SE		18. BIRTH	PLACE OF	F MOTHER (	HPS MEH!	ce Ut	ah	*State the DISEAS: CAUSES, state (1) whether ACCIDENTA	E CAUSING DEAT	H, or in deaths f	rom VIOLENT
Fig.	18. BIRTHPLACE OF MOTHER (citpos Fattice Utah (State or Country)					whether ACCIDENTA	L, SUICIDAL, or	HOMICIDAL.	JRI, and (2)		
~O ~	14		Carl	G. Nie	lsen		j	19. Place of Burial,	Cremation, or Remo	oval Date o	f Burial
Ever state is very	Informant Waston Idaho				Wesston	Idaho	May 2	2 <b>1229</b>			
Ţ <b>.</b>		(Address)	11000		- /A	<del>]/                                    </del>	-	20. Undertaker		Addres	
a ja	15. Filed May 2, 1929 ( ) ( )			les	Diddigael						
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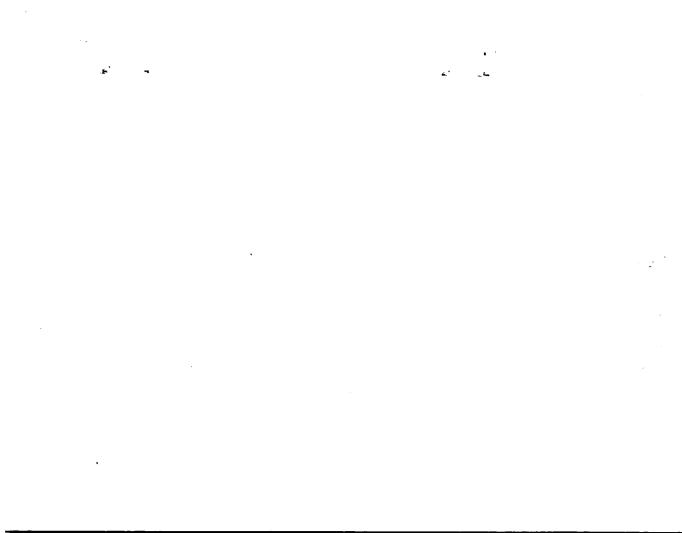
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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RECORD

PERMANENT

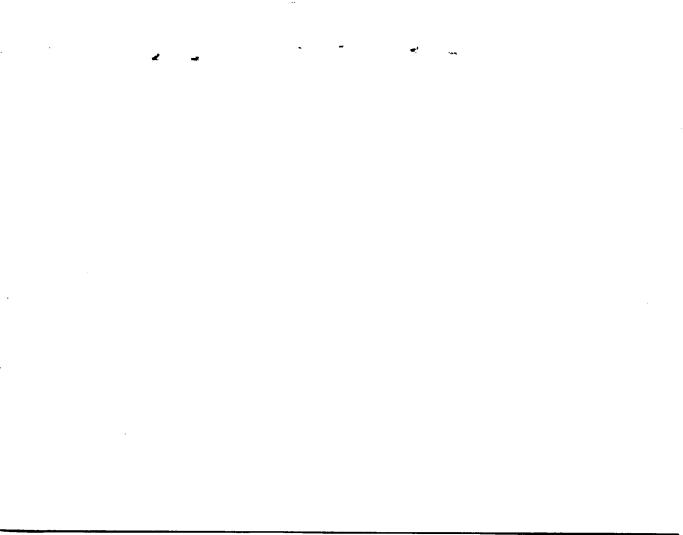
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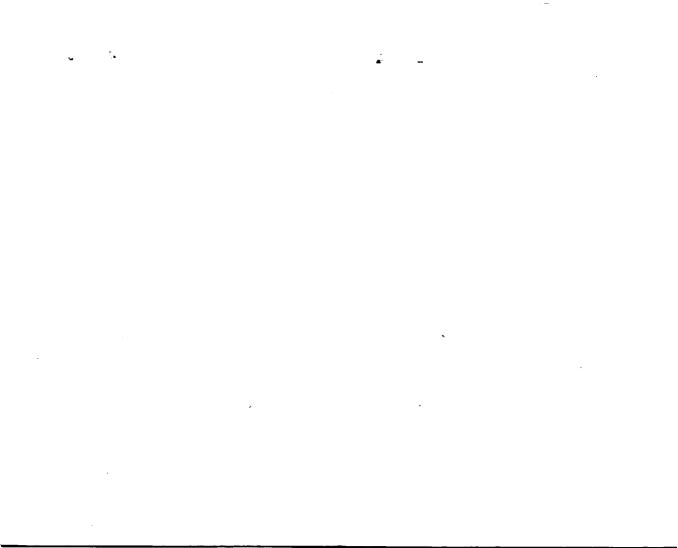
	MAY 4 1929		•	
	Form V. S. No. 5 20M.1-16-12 1929	CERTIFICAT	F OF DEATH	State of Idaho
IYSI. state-				BOARD OF HEALTH
PHYSI.		tion District No		Sureau of Vital Statistics
P.	County of Jeronic Primary Registration Distri			le No. 65874
Þi	City of (No. ,			gistered No.
. ⊢	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Baby W		alker	If death occured in a hospital, institution or camp, give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH.	
TT H ted y cl	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED.		16. DATE OF DEATH	
NEN e sta operl	male White (Wri	te the word.)	april	ZY 19 <b>2</b> 9
A Par	6. DATE OF BIRTH		(Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from	
A Series		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	apul 2	1929	191, to	191,
<b>₹~₽</b> ⊿1	(Mønth) (Da	<del></del>	that I last saw halive on	191
BIN IS AGE it i	AGE .	IF LESS than 1 day how manyhrs. or	Hond that death commed on the Jet.	stated above, at M.
HIS HIS that	yrsmosds.	mins.?	The CAUSE OF DEATH* was as fol	•
OH PER S	8. OCCUPATION		Still Born &	
FC_T plied so	(a) Trade, profession or			rfant
ERVED FC NG INK—T illy supplied n terms, so instructions	particular kind of work.  (b) General nature of industry		70 -	<i></i>
To the strategy of the strateg	business, or dstablishment in		L'Egeneralian Od	acenta
MEEN TO	which employed (or employer)		(Duration) y	s. <u> </u>
RESE FADING carefull n plain See ir	9. BIRTHPLACE	/	Contributory	
<b>6</b>	(State or Country) Jorone Tolako		(Secondary)	•
MARGIN VITH UN Should be DEATH i	10. NAME OF FATHER ()		(Duration)yı	sds.
I'H Ould EAT Ports	John L Walker		(Signed) Con-Z	ele M. D.
IAR TTH hou DEA	11. BIRTHPLACE OF FATHER	I	7/26 192 9 (Address) Per	2-4
<b>-</b>	(State or Country)			
1.7	12. MAIDEN NAME	,	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
NLY mati USE is ve	13. BIRTHPLACE  Thompson		18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)	
LAI nfor CA ON				
Pi in ito	OF MOTHER (State or Country)		At place In the	e ura mos dava
A sta	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		of deathyrsmosdays. Stateyrsmosdays.  Where was disease contracted	
WEITE item o ould sta	(Informant) John L walker  (Address) Lesone Idaha:		if not at place of death?  Former or usual residence.	
Marit H				
very S sb			19. PLACE OF BURIAL OR REMOVA	<del></del>
T NS	15.			
		- A	OO HANDED WATER	191
05°	Filedagie IX 19129 Char	73 elles	20. UNDERTAKER	ADDRESS
( X		Local Registrar		

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ICIANS SCUPA-	PLACE OF DEATH  RECEIVED MAY 1 3 1929  DEPARTMENT OF PUBLISHED  BUREAU OF VITAL S	IC WELFARE DO NOT WRITE IN THIS SPACE 65949			
ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	County of Rezperca Ida CERTIFICATE OF City of Lewiston, Ida.  City of Primary Registration District No	Josef Paristran's No.			
RD CTL3 tatem	(No. White Hospital) (If death occurred in a hospital or institution, give its name instead of street and number.)				
RECORD EXACT	2. FULL NAME John Clarence Denham				
ENT I	(a) Residence. No	St.  (If nonresident give city or town and State) s. How long in U. S., if of foreign birth? yrs. mos. ds.			
RMAN ild be lassifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE or Divorced (write the word) Stillborn	16. DATE OF DEATH  (Month)  (Day)  (Year)			
BINDING IS A PE AGE shou properly o	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from 19 , 19 , to 19			
e ES	6. DATE OF BIRTH (month, day and year)	that I last saw h. M. alive on			
· · · · · · · · · · · · · · · · · · ·	7. AGE Years Months Days If LESS than 1 day	and that death occurred, on the date stated above, at			
RESERVED FO DING INK—TH refully supplied. so that it may lo	Stillborn min.  8. OCCUPATION OF DECEASED	(duration) yrs. pos. ds.  CONTRIBUTORY Un Known Forskle (Secondary), bu without yrs. mos. ds.			
	(a) Trade, profession, or particular kind of work.				
UNFADIN BE Careful terms, so ton back of	(b) General nature of industry, business, or establishment in which employed (or employer)				
	(c) Name of employer				
WITH Should plain	9. BIRTHPLACE (city or town) Lewiston, Ida.	18. Where was disease contracted if not at place of death?			
LY, jon H in	10. NAME OF FATHER Marion A Denham	Did an operation precede death? Date of Was there an autopsy?			
PLAINLY nformation DEATH i See instr	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis			
E PI info F DJ	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  Cottonwood, Ida.	(Signed)			
WRITE em of i	12. MAIDEN NAME OF MOTHER Spphia Jungert	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT			
it Al	18. BIRTHPLACE OF MOTHER CUTTOTTWOOD, Ide.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
756 Every tate C	14. Marion A Denham	19. Place of Burial, Cremation, or Removal Date of Burial			
) 0 %	(Address) Clarks Coll, Wash.	Clark ston, Wn 4/29/29  20. Undertaker Address			
N. B. should	15. Filed May, 1929 Susan & Bruce Registrar	H.R.Merchant Clarkston Wn			

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	295-218 078-249 PLACE OF BIRTH	STATE OF IDAHO			
ا قوم	DEPA	RTMENT OF PUBLIC WELFARE			
<b>E</b> 5		JREAU OF VITAL STATISTICS 🔭 🤝			
RECORD be made for	City of	CERTIFICATE OF BIRTH			
<b>≅</b> ≥	No St.	17 AN N			
E ta		rict No			
	(If born in hospital or institution give name.)  Prim. Registratio	n District No. 1008 Local Registrar's No.			
PERMANENT RETURN must h stated.	CA477hann	in District ivo			
ERMA TTURI stated		stitute the word "Stillbirth" for name of child)			
国国語	Two Number				
T W T	Sex of Child Female Triplet or other?	mater = - Dirtin			
SEG	(To be answered only in event of plural bi	rths); (Month) (Day) (Year)			
RA of	What prophylactic was used to prevent Ophthalmia Neonatorum?				
de PA	Number of child of this mother, including present birth 7	(a) Born alive and now living 4			
E SS 5	Born alive but now dead 2	Stillborn 1			
A s.E	FATHER	FULL MOTHER			
Ch. i.	FULL Clarence L.Kinney	MAIDEN Laura Burgess			
at bi	Residence (Usual place of abode) Payette, County	Residence (Usual place of abode) Payette County			
ADIN hild at ber of	If nonresident, give place and State	If nonresident, give place and State			
논경설	Color or race White Age at last Birthday 43	Color or race White Age at last Birthday 32			
UNE one ch	Birthplace Colorado. (Years)	Birthplace Idaho. (Years)			
_ 5 &	(City and State or Country)	(City and State or Country)			
WITH e than nd th	Gecupation	Occupation WII 6			
Y W	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  ( Born alive )				
ch ag	I hereby certify that I attended the birth of this chi				
S S	on the date above stated.	ature) ( ) You away WMC			
PLAINLY case of mo each	(*Where there was no attending physician )				
- I	or midwife, then the father, householder,	Physician or midwife)			
E i	detc., should make this return. A stillborn				
WRITE B.—In		ss Payette, Idaho			
B.	shows other evidence of life after birth.   Filed.	Mar. 20 19 29 (1) No owaw!			
z		Registrar.			

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STATE OF IDAHO PHYSICIAN t of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CENTED AND 22 1929 65581 CERTIFICATE OF DEATH State File No..... County of Registration District No. Local Registrar's No... Primary Registration District No. stated EXACTLY. A PERMANENT RECORD 2. FULL NAME... (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 16. DATE OF DEATH 4. COLOR OR RACE phould February 18.1929 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of AGE (or) WIFE of 6. DATE OF BIRTH (month, day and year) and that death occurred, on the date stated above, at 7.30 a 7. AGE Months Days If LESS than 1 day. Years The CAUSE OF DEATH\* was as follows: Stillborn twin-second birth 8. OCCUPATION OF DECEASED Dystocia. (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) \_\_\_\_yrs. \_\_\_ which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) yrs, mos, ds 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ... No 10. NAME OF FATHER Did an operation precede death?.... Date of No Was there an autopsy? \_\_\_\_\_ 11. BIRTHPLACE OF FATHER (city None PARENTS What test confirmed diagnosis? ..... (State or Country) (Signed) ... OF. Payette.Idaho 12. MAIDEN NAME OF MOTH \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHE (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial Informant (Address Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF

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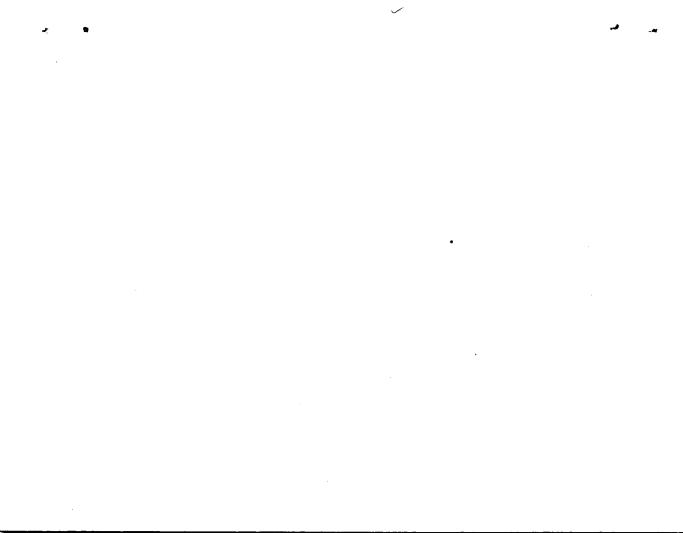
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a midwife.

PLACE OF THE TERES STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. PERMANENT | RETURN must b th stated. (If born in hospital or institution Frim. Registration District No. 10. 11 Local Registrar's No. -5 7 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of 3 birth Sex of Legiti-Triplet in order SEPARATE I birth Child or other? of hirth mate? (Month) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born slive and now living.... Stillborn. Born alive but now dead. FULL each. NAMEXA Residence (Usual place of abode) one child If nonresident, give place and State If nonresident, give place and State ge at last Birthday. Birthplace .. (City and State or Country) City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN more PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.



APR 2 3 1929 STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PHYSICIANS BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. 2 County of Local Registrar's No. statement Primary Registration District No. 1011 (No. (If death occurred in a hospital or institution, give its name instead instead of street and number.) EXACTLY. (a) Residence. No. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR/OR RACE 5 Single, Married, Widowed, or Divorced (write the word) should 5a if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 17 (or) WIFE of S A E 6 DATE OF BIRTH (month) day and year) 7 AGE Months Years Days If LESS than The date stated above, at day, hrs. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ...... (c) Name of employer (duration) .. yrs. ... mos. BIRTHPLACE (city or town) plain 18 Where was disease contracted (State or country) If not at place of death?. Did an operation precede death? 10 NAME OF FATHER Was there an autopsy? of informatio E OF DEATH 11 BIRTHPLACE OF FATHER (city or town) What test confirm (State or country) importan 12 MAIDEN NAME OF MOTHER \*State the DISEASE/CAUSING DEATH, or in deaths from VIO-CAUSE 18 BIRTHPLACE OF MOTHER LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Date of Burial Burial, Cremation, or Removal Informant CUPATION (Address) Address should Régistra

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

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ED le for	County of Jeffer MAI 10 1923	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE SUREAU OF VITAL STATISTICS			
t be mad	No. St. Registration District				
A FERMANENT RECORD RETURN must be made for birth stated.	Hospital Primary Registration District No. 2 7 6 Local Registrar's No. 3 6  FULL NAME OF CHILD (Certificate of no value without full name of child)				
olne ink—THIS IS Is at birth a SEPARATE of each, in order of	Sex of Triplet or other?  Child To be answered only in event of plural birth	Legiti- Date of 3/5- matel 1929			
	What bactericidal solution was used in eyes?				
	Number of child of this mother, including present birth Number of child of this mother	FULL MOTHER MAIDEN NAME Harmit Odans			
	RESIDENCE LINGO, Solo.	RESIDENCE DO,			
	COLOR AGE AT LAST 2 8 BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)			
one child number	BIRTHPLACE	BIRTHPLACE W.			
WITH than o	OCCUPATION Dehsol Tlacker	OCCUPATION ++ YY			
NLY nore th and	I hereby certify that I attended the birth of this child on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Address  Registrar.	ture)  (Physician or midwife)			

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BREEH Registrative variet No ..... Amment State File Nos Primary Vicelitz and District No. 2 common Local Review & No. 2 day enting the course that agold the order of a new to execute each 1: niedl Louist. directed. **Takes** Phot backeriches schullen was used in ever! Samber of chart of this mother now losing, including propertied Somber of chiral this mother, including present buth MOTHER SOF BOLESA AGE AT LAST 教のよので Tribate Mario t hereby certify that I attended the birth of this child, who was i kilihorn : at on the dute above stated. \*When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return, A stillborn child is one that relation breathes nor (Physician on pildwife) shows other - vidence of life after birth. Give names added from a supplymental report.

DEATH rtificate.	PLACE OF DEATH  Registration District No. 77			State of Idaho BOARD OF HEAL/TH Bureau of Vital Statistics
40 m	County of	Primary Registration Dist	rict No. 2176 Fi	le No
S SE	City of Dungs	(No,	_	egistered No.
ate CAU	If death occurs away from usual residence, give facts called for under special information.		If death occurred in a ho pital, institution or cam give its NAME instead	
uld st	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
ERMANENT RECORD CTLY, PHYSICIANS sho rery important. See inst	3. SEX 4. COLOR OR RACE 5. SIN ON THE OF BIRTH  (Month)	(Write the word.)  (Day)  (Wear)	16. DATE OF DEATH  (Month)  17. I HEREBY CERTIFY, That  [Many] 5 19 2 1, to	<i>'</i>
A P EXAC N is v	7. AGE	IF LESS than 1 day	that I last saw h alive on	,
rio TiO	Yrs. Mos. ds.	ormin.?	and that death occurred on the dat	e stated above, atM.
Pat A	8. OCCUPATION		The CAUSE OF DEATH* was as fo	llows:
T T	(a) Trade, profession or particular kind of work.		Tell bon- Placenta	
GE shou	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)		CD 141	
E A DIN	9. BIRTHPLACE		(Duration)	.Yrsds.
UNFADING pplied. AGE act statemen	(State or Country)	Jas.	Contributory(Secondary)	
WITH U	10. NAME OF J. A. Kar	telmer	(Duration)	yrsmosds.
. E≝	11. BIRTHPLACE		(Signed)	M. D.
PLAINLY uld be ca erly class	OF FATHER (State or Country)		3/6 1979 (Address) A	gge, Jeans.
면접합	12. MAIDEN NAME + wort	assus	*State the Disease Causing Death; or in (1) Means of Injury; and (2) whether Acc	idental, Suicidal or Homicidal.
# F	13. BIRTHPLACE OF MOTHER		18. LENGTH OF RESIDENCE ( Transients or Recent Resident  At place In the	s.)
it m	(State or Country)		of deathyrsmosdays. Stateyrsmosdays	
of ir	14. THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
tem (	(Informant) J. Kartchny		Former or usual residence	
ery i	(Address) niggs	' daho.	19. PLACE OF BURIAL OR REMO	OVAL DATE OF BURIAL
( E	15. Filed 4 - 10 - 1939 Martha Morker Local Registrar		Driggs, Ida	1. 3-6-1929
N. B.—] in plain			20. UNDERPAKER	ADDRESS
44	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088			

MARGIN RESERVED FOR BINDING

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DEPARTMENT OF PURSID WELFALL BURNEY OF WITCH STATISTICS CHAPTER CATE OF BIETH Registration District No. Princ. Registration District No. 10 Local Registrar FEIL NAME OF CHILD if it thurn, son there the ward thirthe for name of childs Legitie Somet beeches That professiowas used to provent (ighthelmia Neonatorum" Number of this mother, including greent bists. [12] (n) Born siive and now livin Been flive ton now dead ...... if men coldent, give place and Smite If noncreident, give place and State, .... Color or sace Birth phus J (City and State or County (Oity and State or Country) CHAPMOATE OF ATTRUDING PHYSIOLS HE Seculty certify that I attended the hirth of this child, who was the date above stated (Signature) Where there was no statisting physician or midwire, then the father, householder, (Physician or unidelli etc., should make this neturn. A stillborn third is one that maker treathes nor there others evidente of the after birth.

DO NOT WRITE IN THIS SPACE

66005

Local Registrar's No.....

(If nonresident give city or town and State)
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RECORD

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STATE OF IDAHO RECEIVED SEP 1 2 1928 PARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No. 62657 CERTIFICATE OF DEATH County of... Registration District No..... Local Registrar's No... death occurred in a hospital or institution, give its name instead of street and number.) Residence. (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH C8.\_ SEX COLOR OR RACE Single, Married, Widowed, orced (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) Days 7. AGE Years Months and that death occurred, on the date stated above. The CAUSE OF DEATH\* was as follows ....min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE city or town (State or country) 10. NAME OF FATHER Did an operation precede death? Date of. Was there an autopsy? 11. BIRTHPLACE OF FATHER (city or What test confirmed diagnosis (State or Country) (Signed) \*State the DISEASE CAUSING DEATH, or in deaths from VOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town (State or Country is very Date of Burial 14. state Informan Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere exopheumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause "Always guilife." disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO PERMANENT RECORD
RETURN must be made for h stated. DEPARTMENT OF PUBLIC WELFARE County of. VITAL STATISTICS Registration District No..... State File No (If born in hospital or institution Prim. Registration District No. 4/6. Local Registrar's No. 92/2 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Triplet in order birth or other? Child (To be answered only in event of plural births) (Month (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth Born alive and now living. Born alive Fot now dead ..... Stillborn FULL birth each, NAME Residence (Usual place of abode) child If nonresident, give place and State If nonresident, give place and State. number Color or race Color or rac one Birthplace (City and State or Country) State or Country) Occupation and more I hereby certify that I attended the birth of this child, who was Stillborn PLAINLY on the date above stated. (Signature) case \*Where there was no attending physician or midwife, then the father, householder, WRITE B—In etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar

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STATE OF IDAHO RECEIVED MAY 2 3 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No... CERTIFICATE OF DEATH County of BANNOCK Registration District No.... Local Registrar's No.235 City of POCRIELLO Primary Registration District No. 2/6/ Exact statement (No. GENERAL HOSPITAL (If death occurred in a hospital or institution, give its name instead of street and number.) INFANT BABGOCK 2. FULL NAME..... (a) Residence, No.....(Usual place of abode) (If nonresident give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, 8. SEX 4. COLOR OR RACE or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day and year) If LESS than 1 day. 7. AGE and that death occurred, on the date stated above, at..... 8. OCCUPATION OF DECEASED NONE INFANT (a) Trade, profession, or particular kind of work...... (b) General nature of industry, \_\_\_\_\_\_(duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ business, or establishment in which employed (or employer) CONTRIBUTORY \_\_\_\_ (c) Name of employer (Secondary) (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ds BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?\_\_\_\_\_ Date of\_\_\_\_\_ Was there an autopsy? 11. BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis? (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial Informant... (Address) 20. Undertaker Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH-Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere empleumonta (secondary), 10 us. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECORD be made for EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Blackfoot. Id aho CERTIFICATE OF BIRTH PERMANENT | RETURN must b th stated. Registration District No. State File No... (If born in hospital or institution Prim. Registration District No. 0 17 Local Registrar's No. 64 give name.) Shirley Jean FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Child Female Date of Legiti mate?Ye S Triplet in order birth May 3I 19 29 (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? IO% Argyrol Number of child of this mother, including present birth 3 (a) Born alive and now living. Born alive but now dead... Stillborn. FATHER MOTHER FULL birth each. PRivett MAIDEN Emma Hunter Floyd E. Residence (Usual place of abode) Blackfoot Idaho Residence (Usual place of abode) Blackfoot, Idaho If nonresident, give place and State..... If nonresident, give place and State. White White Age at last Birthday 20 Age at last Birthday Color or race Birthplace Oaklhoma Utah Birthplace. (City and State or Country) (City and State or Country) Lahor Occupation HOUSE Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR-MID more I hereby certify that I attended the birth of this child, who was + Stillbern on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder. (Physician exetc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OHAGE WAR C DELLARINE OF PUBLIC WELL-ALE STREAM OR MEAT STATESTICS CERCIPPOATE OF BIBTS & Registration Disuret No. 12 1 State B Print Registration District April of the Lord Resistance R PAR TRATEGO COMO TO THE PARTY OF THE PARTY O de la descripción de la contraction de la contra What prophylactic was used to prevent (phthalmin Noonatorus? PATHER The Land of the or of a state of the control of the ideans (Bedal diago of shods) . . . Websterbight, give older god Materials is nonemidian, give plane and Stone Accept Berthder: (Clty, and State or Court, GERTHICATE OF ATTENDING PRESIDEN OF MUCHER I hereby certify that I attended the hirth of this child, who was a Stillbern on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillb recalld is one that acither breathes nor shows other evidence of life after birth.

LY, PHYSICIANS statement of OC.	II	City of CIf death occurred in a hospital or institution, give, its name instead instead of street and number.)			
RECORD EXACTLY, Exact stat		FULL NAME Shirtley Land True  (a) Residence. No.  (Usual place of abode)	St. (If nonresident give city or town and State)		
PERMANENT Ribould be stated Serly classified.		PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH		
A PERI E should properly te.	5a	If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from May 3 1929, to May 3 1929, that I last saw here on May 3 1929, and that death occurred, on the date stated above, at 2.30.4 m.  The CAUSE OF DEATH* was as follows:		
THIS IS lied. A( nay be certifice		DATE OF BIRTH (month, day and year) May 3   AGE Years Months Days If LESS than 1 day,hrs.			
IG IN ully s that back	8	(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Promotur- 7 mindhes		
ITH UNFADIN hould be carefi plain terms, so instructions on		business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.		
WRITE PLAINLY, Witem of information s AUSE OF DEATH in prery important. See	PARENTS	(State or country)  10 NAME OF FATHER Horyd Prinett	18 Where was disease contracted if not at place of death?		
		11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 MAIDEN NAME OF MOTHER & 4/	What test confirmed diagnosis?  (Signed) H. M. D. D. M. D. M. D. M. D. M. D. M. D. M. D. D. M. D. M. D. M. D. M. D		
		13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.		
Every state C.	14	Informant Mayd Princets (Address) Blackfoot Idaho	19 Place of Burlal, Cremation, or Removal  Date of Burlal  Wello Mac-Adde May 31 19 24  20. Undertaker  Addess		
N. B should CUPA	15	File may 31, 19 29 Mm Wales & 1 celus	20. Under taxos		

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Do not accept a certificate of death signed only by a midwife.

717-105 006-386 RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Bingham BUREAU OF VITAL STATISTICS City of Blackfoot, Ida CERTIFICATE OF BIRTH Registration District No. ERMANENT ETURN must State File No..... Mrs. Frances Hospital Prim. Registration District No. 1 Local Registrar's No. 136 give name.) RETURN: FULL NAME OF CHILD James Chas. Paxton (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet and in order birth Child or other? of birth Male mate? (To be answered only in event of plural births) (Month) Nothing What prophylactic was used to prevent Ophthalmia Neonatorum?. SEPAR Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead\_\_\_\_\_\_Stillborn\_\_\_\_ E.s MOTHER FULL FULL Lester L. Paxtoh MAIDEN Emma Marie Lyon NAME Residence (Usual place of abode) Blackfoot Residence (Usual place of abode) Nlackfoot. VFADING child at If nonresident, give place and State If nonresident, give place and State\_\_\_\_\_ white Age at last Birthday 27 Color or race white .....Age at last Birthday. Color or race... (Years) Idaho Idaho Birthplace ... Birthplace\_ (City and State or Country) (City and State or Country) Machanic Housewie Occupation . Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MID VIEW more ch an I hereby certify that I attended the birth of this child, who was Stillborn at 2:05 AM. PLAINLY on the date above stated. ð (Signature) case \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address . child is one that neither breathes nor shows other evidence of life after birth.

BUREAU OF VITAL STATISTICS . CERCIFICATE OF BIRGH Region Con District No.45 a Prince Presentation District No. 20 Co. Choose Presistent's No. FULL NAME OF CHAIR LANDS OF THE CREATERS What groupy lactic was used to prevent Cohristsia Neonatorum? Bearing the that with a most Residence (Usumi place of abode) BLROKECTAE "It sidesee tilliant place of abordo" if conressions, tive there and States .... bell if noncomient, give place and States. Color or care. Western (City and State or Crund" CRRTHICATE OF ATTENERING PHYSICIAN OR MIDWIFF I hereby certify that I attended the birth of this child, who was I Stillborn at ... on the date above stated. (Signature) 🚅 🗉 📶 \*Where there was no attenting cape one deliveren ve maiolateti or midwife, then the father hope I abea. etc., should make this return a since the child is one that neither breather nor shows other evidence of life after motor.

FORM V. S. No State of Idaho CERTIFICATE OF DEATH BOARD OF HEALTH Bureau of Vital Statistic Registration District No.... County of File No.... Registered No..... If death occurred in a hos-If death occurs away from pital, institution or camp, usual residence, give facts give its NAME instead of called for under special in-2. FULL NAME. street and number. formation. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WID-OWED OR DEVORCED 3. SEX 4. COLOR OR RACE ! 16. DATE OF DEATH lan Write the word.) V. 1 augmonth) 6. DATE OF BIRTH I HEREBY CERMITY, That I attended deceased from (Day) (Month) 7. AGE IF LESS than 1 day that I last saw h\_l/\_\_ alive on. how many...... hrs. ......Yrs......Mos......ds. or.....min.? 8. OCCUPATION The CAUSE OF DEATH\* was as follows: / (a). Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employ-ed (or employer)..... ......(Duration) .......Yrs.....mos.....ds. 9. BIRTHPLACE Contributory..... (State or Country) (Secondary) 10. NAME OF (Duration) (Signed) 11. BIRTHPLACE OF FATHER > (State or Country) \*State the Disease Causing Death; or in deaths from Yolent Causes, st (1) Means of Injury; and (2) whether Accidental, Suicipal or Hemicidal. 12. MAIDEN NAMÈ OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER In the At place State.....yrs.....mos.....days (State or Country) Where was disease contracted 14. THE ABOVE IS TRUE if not at place of death?.... Former or (Informant) usual residence OR REMOVAL 15. SYMS-YORK CO., PHINTERS & BINDERS, BOISE 51088

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·126.01V. PLACE OF BIRTH CELEVED STATE OF IDAHO PERMANENT RECORD RETURN must be made for h stated. PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH St - Registration District No. State File No. (If born in hospital or institution Prim, Repatration District No. 2006 Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute, the Word "Stillbirth" for name of child) Twin Number birth Date of Sex of Legiti-Triplet in order IS A SATE of birt birth Child or other? mate? W (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum?.... SEP. Number of child of this mother, including present birth (a) Born alive and now living. Born alive but now dead. Stillborn FATHER MOZEER/ FULL birth each. MAIDEN NAME .... Residence (Usual place of abode) .... Residence (Usual place of abode) ... If nonresident, give place and State If nonresident, give place and State. Color or race ge at last Birthday. Age at last Birthday (Years) Birthplace ... Birthplace (City and State or Country (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was /Stillborn on the date above stated. 7 (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physicial or midwife etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.

JAN 8

STATE OF IDAHO RECEIVED FFR DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No...... 64496 CERTIFICATE OF DEATH AGE should be stated EXACTLY, PH properly classified. Exact statement of Registration District No. Local Registrar's No..... Primary Registration District No. (If death occurred in a hospital or institution, give its name instead of street and number.) (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH COLOR OR RACE 5. Single, Married, Widowed, 8. SEX or Divorced (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day. and that death occurred, on the date stated above, at CAUSE OE DEATH\* was as follows <u>...mi</u>n. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer (duration) yrs. 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? (State or country) Date of. 10. NAME OF FATHER Did an operation precede death?.. Was there an autopsy? ... 11. BIRTHPLACE OF FATHER What test confirmed diagnosis? (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial 19 27 (Address) Undertaker Address

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

head of "Contributory."

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAH  PLACE OF DEATH  PLACE OF DEATH  County of CERTIFICATE OF DEATH  City of	DO NOT WRITE IN THIS SPACE STATE STATE  No. 2005  Local Registrar's No. 26	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  17. I HEREBY CERTIFY, That I attended deceased from  18. I HEREBY CERTIFY, That I attended deceased from  19. I hat last saw here on 19. In the last saw here on 19. In the last saw here on 19. In the CAUSE OF DEATH* was 38 fellows:	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town) Colclusted Salom (State or country)	(duration) yrs, mos. ds.  CONTRIBUTORY (Secondary)  (duration) yrs, mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?	
11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER (city or town) (State or Country)  14. Informant (Address)  15. MAIDEN NAME OF MOTHER (city or town) (State or Country)	Was there an autopsy?  What test confirmed diagnosist,, M. D. (Signed)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal  **Date of Burial**  **Date	
	PLACE OF DEATH MAY 1 PROPERTMENT OF PUBLIC BUREAU OF VITAL STA CERTIFICATE OF I Registration District No. Primary Registration District No. Pr	

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The state of the second of the Lecal Registracy No. a thereby easter, that I att which the Atrice of the child, who were established on the dure above stores. The second of th "Where there was no attended but it is to be between consider at the book of the con-Fig. 2. A. Artista Sect. Phys. Rev. 506 I water and on their to be again.

Country of Table 10 Part Country of Table 10 Primary Registration District No.  City of Dataletal Of VITA FRICTSTOS  If death occurs away from  Use of Country of Table 10 Primary Registration District No.  Local Registrar's No.  Local Registrarion District No.  State File No.  Local Registrarion District No.  If death occurred in the Author Noth (World On Nonth)  (World Of World District No.  (World)  Nature Of DEATH  Local Registrarion District No.  Local Registrarion District No.  If death occurred in the Author (World On Nonth)  (Rocal Date of DEATH  Local Registrarion District No.  If death occurred in the Author (Nont	<b>5</b> .0	FORM V. S. NETECE! VED JUN 6 1920CERTIFICATE O	r drawr	STATE OF IDAHO	
County of Tradition Primary Registration District No.  City of Primary Registration District No.  Local Registrat's No.  Local Registration District No.  It death occurred in a hor pitch Name in the pitch Name of N	<b>5</b> -2	PLACE UF DEATH	_	EPARTMENT OF PUBLIC WELFARE	
PERSONAL AND STATISTICAL PARTICULARS  8. SEX	48 [0]	County of Franklin Registration District No			
PERSONAL AND STATISTICAL PARTICULARS  8. SEX	AT AT	Delinery Designation District	ct No.		
PERSONAL AND STATISTICAL PARTICULARS  8. SEX	38	/N/a	NE)		
PERSONAL AND STATISTICAL PARTICULARS  8. SEX		II death occurs away from	······································		
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PERSONAL AND STATISTICAL PARTICULARS  8. SEX	a H T	formation. 2. FULL NAME 13 aby / Cu	Ishaw	street and number.	
The CAUSE OF DEATH* was as follows:    Yrs.   Mos   ds   min.?	VERMANENT RECORD be stated EXACTLY, I ed. Exact statement	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  Male White Single (Write the word)  6. DATE OF BIRTH  May 3 1929 (Month) (Day) (Year)  7. AGE IF LESS than 1	MEDICAL CO.  16. DATE OF DEATH  (MC)  17. I HEREBY CER  MUS 3  that I last saw h	CERTIFICATE OF DEATH  3 2 4 19 2 9  onth) (Day) (Year)  RTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	
particular kind of work (b) General nature of industry, business or establishment in the employ- ed (or employ-	1222	1			
particular kind of work (b) General nature of industry, business or establishment in the employ- ed (or employ-			The CAUSE OF DEATH	' was as follows:	
particular kind of work (b) General nature of industry, business or establishment in the employ- ed (or employ-			Death Care	e me before bully.	
particular kind of work  (b) General nature of industry, business or establishment in the employ- ed (or employ- (State or Country)) President Manual  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State or Country)  (Sate or Country)  (State or Country)  (Signed)  (State or Country)  (State or Country)  (State or Country)  (State or Country)  (Signed)  (State or Country)  (State or Countr	3 4 2 2		( same de	I A Chuld bulle .	
Contributory (Secondary)  BIRTHPLACE  OF FATHER  (State or Country)  State or Country)  Father  11. BIRTHPLACE  OF MOTHER  (State or Country)  State or Country)  Translents or Recent Residents,  At place  (State or Country)  State or Country)  State or Country)  Translents or Recent Residents,  At place  (State or Country)  State or Country)  Where was disease contracted			were the second	7	
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ed (or employed)  9. BIRTHPLACE (State or Country)  10. NAME OF Father  11. BIRTHPLACE OF FATHER (State or Country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  (State or Country)  14. BIRTHPLACE OF MOTHER  (State or Country)  15. BIRTHPLACE OF MOTHER  (State or Country)  16. NAME OF Transients or Recent Residents.  17. BIRTHPLACE OF MOTHER  (State or Country)  18. BIRTHPLACE OF MOTHER  (State or Country)  19. Contributory (Secondary)  (Signed)  (Signed)  (State the Disease Causing Death; or in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidents Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.)  At place Of death yrs mos days. State yrs mos days. yrs mos days. State yrs mos days. State yrs mos days. State yrs mos days. yrs		dustry, business or estab-	(Durați	91)moşds	
9. BIRTHPLACE 11. BIRTHPLACE OF FATHER (State or Country) 12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (State or Country) 14. BIRTHPLACE OF MOTHER (State or Country) 15. BIRTHPLACE OF MOTHER (State or Country) 16. NAME OF TANIBLE OF MOTHER (State or Country) 17. Mother Mother  (Signed)  (Signed)  (State or Country)  State the Disease Causing Death; or in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidents Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institution Translents or Recent Residents.)  At place Of MOTHER (State or Country)  Where was disease contracted		ed (or email and the complete of the complete	Contributory	souta Brevia	
(State or Country)  (State or Country)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State or Country)  (State or Country)  (State or Country)  (Signed)  (State or Country)  (Signed)  (State or Disease Causing Death; or in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidents Suicidal or Homicidal.  (State or Country)	E B B E		(Secondary)	rulleto -	
10. NAME OF Father  11. BIRTHPLACE OF FATHER (State or Country) 12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. BIRTHPLACE OF MOTHER  (State or Country) 15. BIRTHPLACE OF MOTHER  (State or Country)  16. NAME OF FATHER (State or Country)  17. Mainer of Injury; and (2) whether Accidents Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institution Translents or Recent Residents.)  At place Of MOTHER (State or Country)  18. BIRTHPLACE OF MOTHER (State or Country)  19. Mainer of Mother of Mot	4 E 8 E 8	(State or Country) (reston, 9 da)	(Durati	on)yrs. /mosas	
Father  11. BIRTHPLACE  OF FATHER  (State or Country)  12. MAIDEN NAME  OF MOTHER  OF MOTHER  (State or Country)  13. BIRTHPLACE  OF MOTHER  (State or Country)  (State or Country)  Maiden Maiden Manue  OF MOTHER  (State or Country)  Maiden Maiden Manue  Causes, state (1) Means of Injury; and (2) whether Accidents Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.)  At place  Of MOTHER  (State or Country)  Where was disease contracted	H 5 8 5	10. NAME OF	(Signed)	G. W. States M.D.	
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At place In the of deathyrs		12. MAIDEN NAME OF MOTHER Trace Cumill	18. LENGTH OF RESIDENCE (For Hospitals, Institutions,		
Where was disease contracted		18. BIRTHPLACE	At place	In the	
The second secon			if not at place of death?		
	E G	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) Marlba / Cershaw Former or usual residence	#0#	(Informant) Marlba / Cershaw			
(Address) Palstan 2 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	er.	(Address) Proposition 9-10)			
	AU AU		19. LIVE OF BURIAL	OR REMUVAL DATE OF BURIAL	
55 15. Preston, I da May 4 192	Joan	1 / // /. //// /			
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ZZ≯ Cocal Registrar	<b>24 16 &gt;</b>	/ Local Registrar			

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STATE OF IDAHO JUN ODER THE MENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH RETURN must b Registration District No. (If born in hospital or institution Registration District No.....Local Registrar's No...362 give name.) FULL NAME OF CHILD... emborn, substitute the word "Stillbirth" for name of Twin Number Date of Sex of Triplet in order and Child birth or other? of hirth (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth \_\_\_\_\_\_\_ (a) Born alive and now living Born alive but now dead... Stillborn. MOTHER FULL FULL MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State se at last Birthday. Color or rac ge at last Birthday. Birthplace Birthplace. (City and State or Country) City and State or Country) Occupation & Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWL I hereby certify that I attended the birth of this child, who was Stillborn PLAINLY on the date above stated. 7 (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. ż

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1926 ERTIFICATE OF DEATH State of Idaho PLACE OF DEATH BOARD OF HEALTH Registration District No..... Bureau of Vital Statistic County of. File No..... Primary Registration District No. Registered No..... If death occurred in a hos-If death occurs away from pital, institution or camp, give its NAME instead of street and number. usual residence, give facts called for under special information. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RECORD 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH 6. DATE OF BIRTH may 17. I HEREBY CERTIFY, That I attended deceased from Month) (Day) IF LESS than 1 day 7. AGE how many..... hrs. .....Yrs.....Mos....ds or......min.? 8. OCCUPATION The CAUSE OF DEATH\* was as follows: (a) Trade, profession or particular kind of work.... (b) General nature of industry, business or estab-lishment in which employed (or employer)..... ......(Duration) .......Yrs.....mos,.....ds 9. BIRTHPLACE Contributory (State or Country (Secondary) NAME OF (Duration) FATHER 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, st (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the (State or Country) Where was disease contracted 14. THE ABOVE IS THE KNOWLEDGE if not at place of death?..... Former or (Informant) usual residence DATE OF BURIAL 15. 20. Local Registrat SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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je P	PLACE OF BIRTHECEIVED JUN GOERS	STATE OF IDAHO RUMENT OF PUBLIC WELFARE				
made	I COUNTRY OLIVERING TO A STATE OF THE PROPERTY	UREAU OF VITAL STATISTICS				
3	No. Lorling St.	CERTIFICATE OF BIRTH 171371				
must	***************************************	rict No. 24 State File No.				
	(If born in hospital or institution give name.)	n District No Local Registrar's No. 3 6 3				
EFURN stated.	FULL NAME OF CHILD (If stillborn, substitute word "Stillbirth" for name of child)					
TE RI birth	Sex of Child Triplet and in order or other? (To be answered only in event of plural be	Legiti- mate 7  (Month) (Day) (Year)				
ARA'	What prophylactic was used to prevent Ophthalmia Neonatorum?					
Number of child of this mother, including present birth 7 (a) Born alive and now living 5 Born alive but now dead Stillborn						
1 S E	Born alive but now dead.	Stillborn 4				
birth a	FULL LIEGARE GUSUNSA	FULL MOTHER LENGA				
3 4 6	Residence (Ususi place of abode)	Residence (Usual place of abode)				
one child number	If nonresident, give place and State.	If nonresident, give place and State  Color or rece  White Age at last Birthday 36				
	Color or race Age at last Birthday (Years)	Color or race Age at last Birthday (Years)				
	Birthplace Jaun	Birthplace				
	Occupation State or Country)	Occupation (Gity and State or County)				
こせるり	CERPFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.				
ch an	I hereby certify that I attended the birth of this child, who was Stiffborn at M.					
Se of		ature) & IV Cranwall M. J.				
n case	( *Where there was no attending physician or midwife, then the father, householder,	(Physician or midwife)				
	etc., should make this return. A stillborn	Sanding Illa				
Z. B.	child is one that neither breathes nor shows other evidence of life after birth.	1 - 0 / 0 / 1 P				
		, Registrar.				

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FORM V. S. No. 5-25 M VED IIIN ? topocertificate of death State of Idaho BOARD OF HEALT Bureau of Wital States Registration District No. 2 County of .... File No.... Primary Registration District No..... Registered No..... City of..... (No.....St.) If death occurred in a hos-If death occurs away from pital, institution or camp, give its NAME instead of usual residence, give facts called for under special in-2. FULL NAM street and number. formation. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RECORD IANS shor 5. SINGLE. MARRIED. WID-3. SEX 4. COLOR OR RACE | 16. DATE OF DEATH 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) \_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_\_\_ IF LESS than 1 day 7. AGE how many..... hrs. or.....min.? 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Duration) Yrs. mos. 9. BIRTHPLACE Contributory..... (State or Country) (Secondary) 10. NAME OF (Duration) 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state 12. MAIDEN NAMI (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death. (State or Country) Where was disease contracted if not at place of death?..... usual residence DATE OF BURIAL PEMOVAL. 15. SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH. No. -... PERMANENT RETURN must be the stated. Registration District No. State File No..... (If born in hospital or institution Prison Registration District No. 2/5/ Local Registrar's No. /6 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Sex of Date of Legiti-Triplet in order birth ... Child or other? of birth mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth. \_ (a) Born alive and now living Born alive but now dead. Stillborn... FULL MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode). If nonresident, give place and State If nonresident, give place and State re at last Birthday\_ Color or rac Color or race at last Birthda Birthplace Birthplace. (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was ? Stillborn on the date above stated. (Signature) \*Where there was no attending physician WRITE B.—In or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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vT RECORD ited EXACTLY, Exact statemer	2. FULL NAME Stillburth  (a) Residence. No	RECEIVED JUN 8 1979
DING A PERMANENT should be state erly classified.	PERSONAL AND STATISTICAL PARTICULARS  8. SEX  4. COLOR OR RACE  5. Single, Married, Word on Divorced (write the HUSBAND of	MEDICAL CERTIFICATE OF DEATH
RVED FOR BIND! INK—THIS IS A supplied. AGE s it may be proper	6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Bays If LESS the mires.  8. OCCUPATION OF DECEASED	that I last saw h alive on 19 and that death occurred, on the date stated above, at m.
ARGIN RESERVED UNFADING INK- be carefully supplerems, so that it means, so that it means on back of certifica	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	CONTRIBUTORY CONTR
M.; WITH should in plain ruction	9. BIRTHPLACE (city or town)  10. NAME OF FATHER Platte Julbon	(duration) yrs, mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death? Date of.  Was there an autopsy?
PLAII nforms DEA7 See	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER LIBERT HOLD	What test confirmed diagnosis (Signed), M. D.
WRITE -Every item of i state CAUSE OF s very important.	18. BIRTHPLACE OF FOTHER (city or town) (State or Country) de ho Co. Idoho  14. Informant Statle Sulbost	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  10. Place of Burial, Cremation, or Removal  Date of Burial  26-1929
N. B.—E should st TION is	15. Filed 6-/-, 1929 Bluepe	20. Undertaker Address  Hundlock Md. Co. Hungerlebe

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

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STATE OF IDAHO RECEIVED MAY 30 1020 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No.. Local Registrar's No. **Exact** statement Primary Registration District No. 230 EXACTLY. occurred in a hospital or institution, Residence. No. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? ds. yrs. mos. yrs. classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 5. Single, Married, Widowed, 16. DATE OF DEATH should or Divorced (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Days If LESS than 1 day, may and that death occurred, on the date stated above, at certificate .....hrs, or The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) instruction 9. BIRTHPLACE (city or town 18. Where was decase contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death? OF DEATH ant. See inst Was there an autopsy? 11. BIRTHPLACE OF FAT (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town).... (State or Country) Place of Burial, Cremation, or Removal Date of Burial Undertaker

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Se-"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train—accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Pogistration District No. State File No..... Registration District No.23 (If born in hospital or institut give name.) FULL NAME OF CHILD substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of birth mate? Child 4 (To be answer only in event of plural births) (Year) What prophylactic was used to prevent Ophthalmia Noonatorum? Number of child of this mother, including present birth Born alive and now living SEP. Stillborn Born alive but now dead FULL MAIDE each. NAME Residence (Usual place of about one child If nonresident, give place and State If nonresident, give place and State Color or Color or rac (Years) (Years Birthplace Birthplace City and State or Country) more sch and I hereby certify that I attended the birth of this child. who was on the date above stated. 70 (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No ed EXACTLY, 1 Exact statement Local Registrar's Primary Registration District No. If death occurred in a hospital or institution vive its name instead of street and number.) 2. FULL NAME. Residence. No.. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? mos. yrs. mos. classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 8. SEX OF DEATH (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of TIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) AGE LESS than 1 day, Days and that death occurred, on the date stated above, hrs. or The CAUSE OF DEATH\* was as follows 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ CONTRIBUTORY (c) Name of employer (Secondary) Bhould ....(duration) .....yrs, .....mos. instruction 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death > Was there an autopsy? 11. BIRTHPLACE OF FATH What test confirmed (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER WOR Place of Burial. Date of Burial

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head—homicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Do not accept a certificate of death signed only by a

midwife.

County of VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No. 3 6 State File No..... (If born in hospital or institution Prim. Registration District No. give name.) (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Sex of Legiti-Triplet and in order birth Child or other? of birth mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth Born alive and now living\_\_\_ Born alive but now dead. Stillborn FATHER MOTHER FULL Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday Color or race Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was \Stillborn on the date above stated. to (Signature) \*Where there was no attending physician or midwife, then the father, householder, WRITE etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Filed.

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A S	RECEIVED AUG 9 1929 STATE	OF IDAHO
_ ₹		F PUBLIC WELFARE DO NOT WRITE IN THIS SPACE
rysicia ocqui	FLACE OF DEATH	TE OF DEATH State File No. 66993
f O	County of Splenar Boristrotion District	No
E S		District No. 1050 Local Registrar's No.
LY,	~ <u>{</u>	
f RECORD ed EXACTLY, Exact statement	(If death occurred in a hospital or instituti	on, give its name instead of street and number.)
RECORD EXACT cact state	2. FULL NAME Dalsy (not named	) Euritis
RJ d H		St.
ENT REC stated EX. d. Exact	(Usual place of abode)	(If nonresident give city or town and State) nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SM/ d b assi	8. SEX 4. COLOR OR RACE 5. Single, Married, Word or Divorced (write the	idowed, 16. DATE OF DEATH
PERN should rly clas	Male W	word)  M(ay 30 19 29 (Month) (Day) (Year)
BINDING S IS A P AGE sho properly	5a. If married, widowed, or divorced HUSBAND of	12. I HEREBY CERTIFY. That I attended deceased from
S C E	(or) WIFE of	was stillborou, to 19
92	6. DATE OF BIRTH (month, day and year) May 30 /929	that I last caw has alive on , 19
INK—THI supplied. it may be	7. AGE Years Months Days / If LESS to	and that death occurred, on the date stated above, at
ica polication	mirmir	
	8. OCCUPATION OF DECEASED	medde by birth
KESE DING efully to tha	(a) Trade, profession, or particular kind of work	
N KESE FADING carefully 8, so tha	(b) General nature of industry, business, or establishment in	(duration)yrsmosds,
NE CAR	business, or establishment in which employed (or employer)	CONTRIBUTORY
g te g	(c) Name of employer	(Secondary) (duration)yrsmosds.
WITTH WITTH should plain ction	9. BIRTHPLACE (city or town) Take Assess	18. Where was disease contracted
· ~ =	(State or country)	if not at place of death?
LY, ion H ir	10. NAME OF FATHER VI. 11 Euris	Did an operation precede death? Date of Was there an autopsy?
A TIN	2 11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
PLAINLY, information DEATH in See instr	(State or Country)	(Signed) Lane V., M. D.
re fri or int.	11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER 2	4 57 31., 1924. (Address) Rotholine Hode
	Jasep gumn	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
WRI item o AUSE import	13, BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PO P	14. 9.1 9 Exating	19. Place of Burial, Cremation, or Removal Date of Burial
-Ever state	(Address)	Pen Trus Genetis Pothday 6/1 1929
7.5.	15 The state of th	20. Undertaken
	16. Filed 7/24, 19.29, 9x. Surge	gistrar Cassedy unera Home Vathorum
<b>476</b>		

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"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
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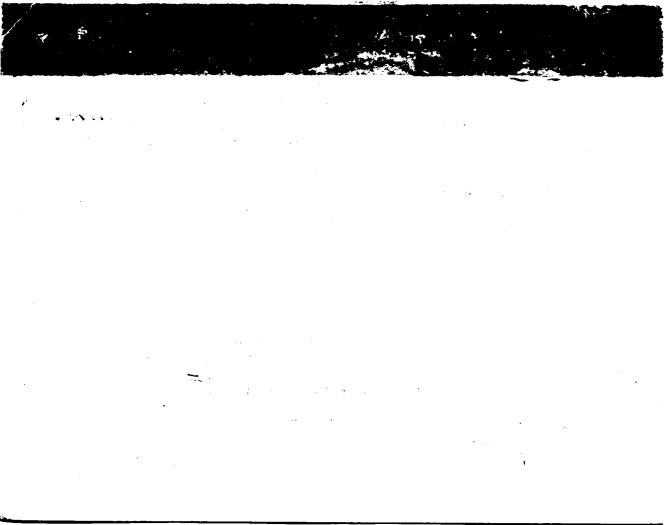
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a midwife.

RETMENT OF PUBLIC WILLPARE Registration District No. State File No. Primary Registration District No. 1050 Local Registrar's No. (Certificate of no value without full name of child) Date of Ma Number Legiti-Sex of Triplet and in order matel Child or other? (To be answered only in event of plural births) Day) (Month) (Year) What bactericidal solution was used in eyes?..... order Number of child of this mother, including present birth / O Number of child of this mother now living, including present birth MOTHER FULL FULL MAIDEN NAME NAME RESIDENCE COLOR COLOR 40 BIRTHDAY BIRTHDAY (Years) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MOWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar.



	I HODDE TO BE TO THE TOTAL OF T		*
	FORM V. S. No. 5-1 RECEIVED JUN 8 1979 CERTIFIC		
-0	1 PLACE OF DEATH	ATE OF DEATH	State of Idaho
X ·			BOARD OF MEALTH
₹	County of Louise Registration District No.		Bureau of Vital Statistics
PHYSICIA statement	Primar Portstration Dies	trict No. 1050	
E S	City of all a rimary registration bist	rict No	File No
<b>≥ ₹</b>	If death occurs away from (No	· · · · · · · · St.)	Registered No. 7.3
开幕		······	If death occurred in a hos-
₩ 55	usual residence, give facts	1	pital, institution or camp,
. <b>5</b>	called for under special nformation. 2. FULL NAME un-nam	red-	give its NAME instead of
	nformation. 2. FULL NAME		street and number.
ORD. OTLY Exac	PERSONAL AND STATISTICAL PARTICULARS		
		MEDICAL CERTIFIC	ATE OF DEATH
E 5. 4. 5.	3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WID-	16 DATE OF DEATH	
	OWED OR DIVORCED.	I DATE OF BEATINA	10-4 70 4
E 78 % 5	1 Vin	May	194 " 107
E B E	Jem while and the word.)	(Month)	(Tou)
ಶಕ್ಷಕ	6. DATE OF BIRTH.		(Day) (Yar)
Ma_e ≥	o. Date of Birth.	17, I HEREBY CERTIFY, T	hat Lattended deceased from
	19 19 19 19 19 19 19 19 19 19 19 19 19 1	1 1 1 1 1	The greatestack deceased from
	(Month) (Day) /(Year)	May /9 1974	to May 19 1920
	(Day) (Tear)	2111	··· /
	7. AGE + 100 IF LESS than 1/day	that I last saw h. alive on /	191 191
	how many hrs. or		, 0.02.
	YrsMosdsmin.?'	and that death occurred on the date	stated above, at
C S C C			
2 H ~ E I	8. OCCUPATION	The CAUSE OF DEATH* was as for	llows:
5 E _ + 5	(a) Trade, profession or		
4 ] 8 ] #	particular kind of work		••••••
3 2 2 2 2	(b) General nature of in-	ا درسر ک	
3 Z Z Z 3	dustry, business, or estab-		
A T I Q	lishment in which em-		*********
15 × 25 E		(75,	
	ployed (or employer)	(Duration)	rs mos ds.
	9. BIRTHPLACE (Tox Fullo, Jan	Contributory	
	ost Julio.	(Secondary)	
	(State or Country)	(Secondary)	7
		(Duration)	most ds.
로뉴 우리 등	10. NAME OF ( ) / / /		The case in
	FATHER / / / mia	(Signed)	M. D.
5 2 2 3		May 20 M	$A \rightarrow a 0 0$
PAHR	11. BIRTHRLACE	(Address)	The action
7, 40	OF FATHER	*State the Disease Causing Deat	th; or in deaths from Violent
	(2)	Causes, state (1) Means of Injury	; and (2) whether Accidental,
Z # G Z	(State or Country)	Suicidal or Homicidal.	
PLAINLY, Vormation short DEATH	AND MANDEN NAMED OF THE O		
7 200	12. MAIDEN NAME	18. LENGTH OF RESIDENCE	(For Hospitals, Institutions,
# 3 % S	OF MOTHER MILE VISE	Transients or Recent Resider	nts.)
国治路と	40 DYDWIN ACE	l	
WRITE of it of C	13. BIRTHPLACE	At place In the	
CA	OF MOTHER	of deathyrsmosdays,	,Stategrsmosdays
B H C	(State or Country)	Where was disease contracted	
£ £		if not at place of death?	
> 2 2	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of death:	
7 5 Z	S - A Same	Former or	
Z § P	(Informant)	usual residence	
シザ 5	(Address) Toch Hallo da		TAMES OF THE PARTY
B.—Ever		19. PLACE OF BURIAL OR REMO	VAL PATE OF BURIAD
, B	<b> </b>   <b> </b>		May 20 198-01
ż	15.	<u> </u>	
r-ı	Filed May 27 191.9.	20. UNDERTAKER	ug Topped all
	Local Registrar.	W/ // // lana	ulci Jost dalls
	y account acco	1 JUVI JUVIV	July 1
		//	y Soul

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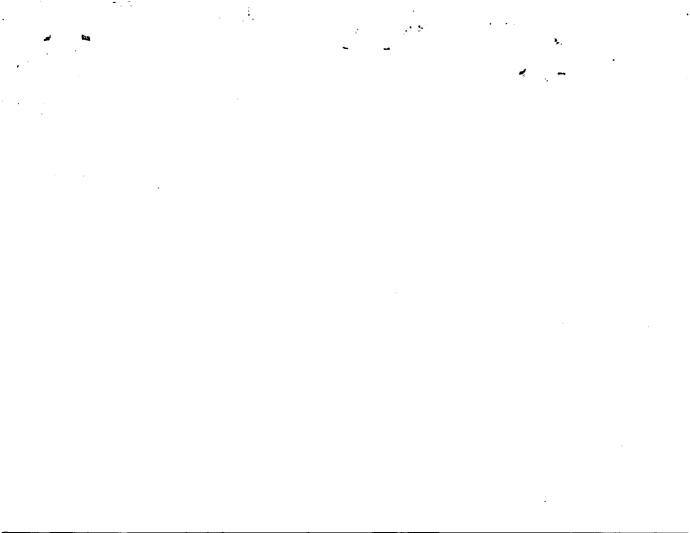
**STATEMENT OF CAUSE OF DEATH**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerchro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pucumonia, Broncho pucumonia ("Pucumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoncum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms, Measles: Whooping cough; Chronic valvular heart disease: Chronic intestinal nephritis. etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (second-1 = ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inauition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF IN-JURY and qualify as ACCIDENTAL, SUICIDAL, or HOM-ICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "Contributory."

April 18 Commence of the second secon

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.1374	955-118-033-269	
RECORD &	PLACE OF PREEELVED HIN 1 0 1000	STATE OF IDAHO
e f	County of Matison DON 10 DEP	ARTMENT OF PUBLIC WELFARE
<u>S</u>	City of Pressed	UREAU OF VITAL STATISTICS
羟표	City of Tenning	CERTIFICATE OF BIRTH
_ <b>≥</b> ≥	No St.	171518
E #	_ Registration Dist	rict No
超量	(If how in hospital or institution	
	give name.) Prim. Registration	on District No. 21) Local Registrar's No. 118
<b>E E E</b>	FULL NAME OF CHILD Lellberth	<b>'</b>
PERMANENT RETURN must betated.		bstitute the word "Stillbirth" for name of child)
14 X 4	Twin Number	
A F TE R birth	Child 20 or other?	meta? birth 3 1929
	(To be answered only in event of plural b	irths) (Month) (Day) (Year)
T ₹ G	What prophylactic was used to prevent Ophthalmia Neo	natorum? Mercuto Cheonie
-THIS SEPAI order	Number of child of this mother, including present birth (a) Born alive and now living Q	
	Born alive but now dead.	Stillborn
ri a	FATHER	FULL MOTHER
innk birth each, i	NAME Fred W. Ruse	MAIDEN Peresa Juryand
es es	Kenthan	Fa W
ADING ild at h er of e	Residence (Usual place of abode)	Residence (Usual place of abode)
FAD child nber	If nonresident, give place and State	If nonresident, give place and State
UNFAI ne child number	Color or race while Age at last Birthday 20	Color or race white Age at last Birthday 20
UNF, one ch numb	Birthplace Itah (Years)	(Years)
9 1	(City and State or Country)	Birthplace (City and State Country)
WITH e than nd the	Occupation Laborer	Occupation Youse Life
WITH re than and the	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MI WIF
LY W more	I hereby certify that I attended the birth of this chi	Born Born
INLY of mo each	on the date above stated.	iu, with has ( Still and ) at
PLAINLY case of mor	(Sign	ature) have of luck
L/L	( *Where there was no attending physician )	
F 3	or midwife, then the father, householder,	(Dh-1-1
I.E	detc., should make this return. A stillborn	(Physician or midwife)
WRITE B.—In	child is one that neither breathes nor Addre	sturing octobes.
≱ <sup>®</sup> ∥	shows other evidence of life after birth.	6/7 1/29 ///
z	Filed.	Registrar.
l l		negionar.



ė II	STATE OF IDAE	10
욢. 뉴	RECEIVED JUN 10 DEPARTMENT OF PUBLIC	C WELFARE DO NOT WRITE IN ATHIS, SPACE
of OCCUP	PLACE OF DEATH CON I BUREAU OF VITAL SI	ATISTICS UULG
<b>5</b> ∥	County of Madison CERTIFICATE OF	
	County of Registration District No	100
	City of Primary Registration District	
ļ	Frimary Registration District	110,
$\ $	(No(If death occurred in a hospital or institution, give its	name instead of street and number.)
	X'Al (3	
	2. FULL NAME	
		St.
ĺ	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
-		
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
١	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
	(M) W Jufont	May 18 1929
	5a. If married, widowed, or divorced	(Mohth) (Day) (Year)
	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
	a then	May 18, 1929, to May 18, 1929
	6. DATE OF BIRTH (month, day and year) may 18 1729	that I last saw h Musike on Selection 19
	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at y m.
	min.	The CAUSE OF DEATH was as follows:
	8. OCCUPATION OF DECRASED	Stillsom
i	(a) Trade, profession, or particular kind of work	
	particular kind of work	
	(b) General nature of industry, business, or establishment in	(duration)yrsmosds.
l	which employed (or employer)	CONTRIBUTOR SAUGULSTER Mushelise Con
	(c) Name of employer	(Secondary)
i	AD. P.	
ļ	9. BIRTHPLACE (city or town)	18. Where was disease contracted
		if not at place of death?
	10. NAME OF FATHER	Did an operation precede death? Date of
		Was there an autopsy
	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed/diagnosis?
1	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  Deviced Wash  12. MAIDEN NAME OF MOTHER	(Styfied) , M. D.
	12. MAIDEN NAME OF MOTHER	1929 (Address) Library States
l	Vrissa Sungero	and a state of the
	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ľ	(State or Country) dueston Well	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	14. Informant John J. Cuse	19. Place of Burial, Cremation, or Removal Date of Burial
l	(/, ) 0	1 0 A MAII 19 19 5
ı	(Address)	20. Undertaker Address
	15. Filed 19 1929 Variance 9	
	Registrer	
	· · · · · · · · · · · · · · · · · · ·	

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DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

	238-812-034-199	
e	PLACE OF BIRTH RECEIVED IIII O	STATE OF IDAHO
RECORD be made for	County of Mindoka OUDEP	ARDMENT OF PUBLIC WELFARE
<u> </u>	City of Paul	UREAU OF VITAL STATISTICS
経티	City of	CERTIFICATE OF BIRTH
	No St.	CERTIFICATE OF BIRTH
et H	Registration Dis	trict No. State File No. 171525
NENT N must	778 3	
Zz.	give name.) Prim, Registration	on District No. 2013 Local Registrar's No. 1
\$27 B	FULL NAME OF CHILD. Stillborn	
ERMAN ETURN Brated.		bstitute the word "Stillbirth" for name of child)
A . 57	1 Towns 1 (November 1)	
A H TE R birth	Sex of Triplet and in order	Legiti. Date of
T. Fig.	Child or other? (of birth (To be answered only in event of plural b	irths) mate? J hirth
RA of	What prophylactic was used to prevent Ophthalmia Neo	
2 4 H	/ 3	
SEPA order	Number of child of this mother, including present birth / 3	(a) Born alive and now living / /
a S in c	Born alive but now dead	Stillborn
	FULL FATHER	FULL MOTHER
G INT birth each,	NAME John Schradt	NAME Online Assour
	Residence (Usual place of abode)	O Pl
at of	Residence (Usual place of abode)	Residence (Usual place of abode)
UNFAD ne child number	If nonresident, give place and State	If nonresident, give place and State
단원립	Color or race Marke Age at last Birthday 47	Color or race Thate Age at last Birthday 37
one	(Years)	(Years)
9 ~	Birthplace (City and State or Country)	Birthplace (City and State or Country)
than d the	Occupation annex	Occupation Stonsewife
	CERTIFICATE OF ATTENDIN	
		(Boring He)
Pag	I hereby certify that I attended the birth of this chi	ild, who was Still in at 10:30 M.
on the date above stated.  (Signature)		atoms OBK
		ature)
		Ohyaccian
A H	or midwife, then the father, householder,	(Physician or midwife)
	sta should make this naturm. A stillham	ess Rubest Ida-
child is one that neither breathes nor		714
ż	shows other evidence of life after birth. Filed.	5-3/ 1929 Ella almane
~		Registrar.
u		

STATE OF IDAHO PUBLIC WELFARE County of. VITAL STATISTICS City of CERTIFICATE OF BIRTH No. Registration District No..... .....State File No..... (If born in hospital or institution rips. Registration District No. 20/2 Local Registrar's No. 82 give name.) FULL NAME OF CHILD.... (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Date of Triplet Legitiin order Child or other? birth of birth mateX/L (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead. Stillborn FATHER FULL each, MAIDEN Residence (Usual place of abode) Residence (Usual place of abode If nonresident, give place and State If nonresident, give place and State ge at last Birthday... Color or rac Age at last Birthday (Years) Birthplace Birthplace. (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.

FORM V. S. PRECEIVED SEP 12 1929 OF DEATH CERTIFICATE OF DEATH State of Idaho BOARD OF HEALTH Bureau of Vital Statistics Registration District No..... File No. Primary Registration District No. 2019 Registered No..... If death occurred in If death occurs away from pital, institution or camp, usual residence, give facts give its NAME instead of called for under special instreet and number. formation. should netructi MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-OWED/OR DIVORCED 3. SEX PHYSICIANS 16. DATE OF DEATH 6. DATE OF BIRTH (Month) XACTLY, I 17. I HEREBY CERTIFY, That I attended deceased from (Month IF LESS than 1 day 7. AGE that I last saw h...... alive on 19...... how many...... hrs.  $\mathbf{IS}$ Tro .....Yrs.....Mos. or.....min.? 8. OCCUPATION The CAUSE OF DEATH\* was as follows: (a) Trade, profession or particular kind of work.... pluods General nature of industry, business or establishment in which employ-WITH UNFADING ed (or employer)..... (Duration) Yrs. mos. ds. 9. BIRTHPLACE Contributory..... (State or Country (Secondary) 10. NAME OF .....(Duration) FATHER fully 11. BIRTHPLACE OF FATHER (State or Country) State the Disease Causing Death; or in deaths from Violent Causes, state information should it may be properly 12. MAIDEN NAME (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER In the ....yrs......mos.....days. of death... (State or Country) Where was disease contracted 14. THE ABOVE IS TRUE TO THE BY if not at place of death?.... Former or (Informant) usual residence (Address)..... DATE OF BURIAL 19. PLACE OF BURIAL OR REMOVAL 15. Filed 19 ADDRESS Local Registrar SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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and the second of the second , 

A.		STATE OF IDA	rho
<b>₹</b> ₽	PLACE OF DEATH		IC WELFARE DO NOT WRITE IN THIS SPACE
<u>5</u> 5	PLACE OF DEATH BUREAU OF VITAL ST.		TATISTICS S 6274
	0.	inty of Nez Perce CERTIFICATE OF	DEATH State File No
PHYSICIANS nt of OCCUPA.	Co	Southwick Registration District No	6.5
H H	Ci	y ofPrimary Registration District	Local Registrar's No.
LY		· -	
ate CT	1	(No(If death occurred in a hospital or institution, give its	s name instead of street and number.)
RECORD EXACTLY, act statement	9	FULL NAME Baby (Stillborn) Wittman	- C X
r RECORD ed EXACT Exact state	۷.		
F F E		(a) Residence. No(Usual place of abode)	(If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.
d-sta	L	ngth of residence in city or town where death occurred. yrs. mos. ds.	d. How long in U. S., if of foreign birth? yrs, mos. ds.
FOR BINDING THIS IS A PERMANENT ed. AGE should be stated by be properly classified. E.	İ	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ZM. d J ass	8.	SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (waits the word)	16. DATE OF DEATH
5 E E E		Male white or Divorced (waite the word)	April 10, 1929 (Month) (Day) (Year)
BINDING IS A PERM AGE should properly clas	58	If married, widowed, or divorced HUSBAND of	
BINI IS A AGE prope		(or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from April 19 19 to 19
A P	_	DATE OF BIRTH (month, day and year) April 10, 1929	that I last saw h alive on 19
FOR THIS ed.		AGE Years Months Days If LESS than 1, day,	and that death occurred, on the date stated above, at 2.9. M.
1 8 2		stillbirth or	The CAUSE OF DEATH* was as follows:
EVED FOI INK—THI supplied. it may b tificate.	-	min.	Stilloorn.
RESERVED FOR THE SERVED FOR THE SERV	8.	OCCUPATION OF DECEASED	Mecontum appeared woout 10 min.
RESER' DING I efully 8 so that of certi		(a) Trade, profession, or particular kind of work Infant	perore delivery. Umplicat cord
ARGIN RESERVE I UNFADING INK I be carefully supporterms, so that it is on back of certific		(b) General nature of industry, business, or establishment in	wrapped tightly around neck
E. S. S.		which employed (or employer)	twice. Conditions normal in
UNFA UNFA be cal terms, n back		(c) Name of employer	(Secondary) other respects.
≪•	-	Dunmyn (gr. cham, Southwick (rural)	(duration) yrs. mos.
MANLY, WITH tion should the plain first in plain instruction of	9.	BIRTHPLACE (city or town)	18. Where was disease contracted if not at place of death?
		10. NAME OF FATHER	Did an operation precede death? No
PLAINLY, information DEATH in See instri		10. NAME OF FATHER Frank Wittman	Was there an autopsy? NO
Mat AT	Š	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis //
	ENI	(State or Country) Wisconsin	(Signed) Lever + Voreless, M.
TE I	PARENTS		April 12, 1929 (Address) Kendrick, Ida
WRITE m of i SE OF portant.	A.	12. MAIDEN NAME OF MOTHER Lygia Tromas	
WRITE item of i AUSE OF important.		13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ir		(State or Country) Missouri	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
WRIT Every iten of state CAUSE is very importa	14	Informant	19. Place of Burial, Cremation, or Removal Date of Burial Southwick, Ida.
Ev tat		(Address) Southwick, luano.	Southwick, Ida. Apr 11 19
	_	1 1 20 1 L	20. Undertaker Address
N. B. should TION	1	Filed MILL, 1924 (1) The Registrar	
Z = E	<u> </u>	// Registrar	

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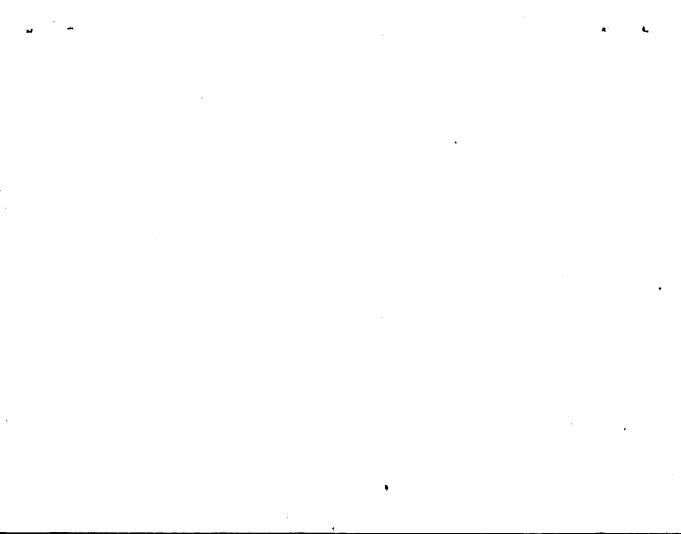
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head of "Contributory."

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ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	STATE OF IDAM  DEPARTMENT OF PUBLIC  PLACE OF DEATH MAY 15 1000 BUREAU OF VITAL ST  County of City of Callact Registration District No	C WELFARE PATISTICS DEATH  No
ING PERMANENT should be state ily classified.	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divirced (write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  1929
BINDI IS A AGE si properi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  Charles, 19 26, to 13, 19 27
ED FOR K—THIS pplied. A may be 1 icate.	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at. m.  The CAUSE OF DEATH* was as follows:
G IN Su su st it certif	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	Augustion
ARGI UNI be term	which employed (or employer)  (c) Name of employer	(duration)yrsmosds,  CONTRIBUTORY(Secondary)
M. PLAINLY, WITH nformation should DEATH in plain See instruction.	9. BIRTHPLACE (city or town) (State or country)  10. NAME OF FATHER	(duration)yrsmosds.  18. Where was disease contracted if not at place of death?
	11. BIRTHPLACE OF FATHER (ctr) or thum) (State or Country)  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed diagnosis? physical a common (Signed).  (Signed)
WRITE item of i AUSE OF important.	12. MAIDEN NAME OF MOTHER OLDAN, TICHER  18. BIRTHPLACE OF MOTHER (city or town)  (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every istate CA	14. Informant O. A. Coston (Address) Curica Shope.	19, Place of Burial, Cremation or Removal  Date of Burial  1929
N. Bshould	15. Filed 14 , 1929 . L. Luiya	Vary Wednesking C. Wallace, Hohi

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STATE OF IDAHO RECEIVED , IIIN 1 1 1000 DEPARTMENT OF PUBLIC WELFARE stated EXACTLY, PHYSICIAL DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS > PLACE OF DEATH State File No..... CERTIFICATE OF DEATH Registration District No. City of Juin Falls Local Registrar's No..... Primary Registration District No. (No. \_\_\_\_\_\_\_)

Math occurred in a hospital or institution, give its name instead of street and number.) PERMANENT RECORD (a) Residence. No... (If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. di (Usual place of abode) Length of residence in city or town where teath occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 16. DATE OF DEATH 8. SEX should or Diverced (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 5-11-29 7. AGE Years Months If LESS than 1 day, that it may certificate. supplied and that death occurred, on the date stated above, at 5 The CAUSE OF DEAZH\* was as follows 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (duration) \_\_\_\_\_vrs. \_\_\_\_mos. CONTRIBUTORY (c) Name of employer (Secondary) plnou (duration) \_\_\_\_\_yrs, \_\_\_\_mos, \_\_\_ds. plain iction ( 9. BIRTHPLACE (city or town) ..... 18. Where was disease contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death Date of \_\_\_\_\_ DEATH 11. BIRTHPLACE OF FATHER (City or tow What test confirmed diagnosis (State or Country) QF) important. 12. MAIDEN NAME OF MOTHER AUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MO (State or Country) state C Place of Burial, Cremation, or Removal Date of Burial Informant. (Address) Address Registrar

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LACI TO STATES THE PLEASE WELLS EUREAU OF VIEW STATISTICS CENTRICATE OF BINTH flexistration Elistrict No. .... State File No. Prim. Registration District No. PHILL NAME OF CHILD If all hard see show the word "Stillbing" to some of childs Date of birth (To be snawered and in event of church birthe) mater's What problems was used to prevent (Johthainsia Mennatorum? Mumber of child of this mother, including present birth 1 (a) Born stive and now Bring Burn alive bet need deed MOTHER M. H. nonveildert, give ideas and State (City and State or Course (Cite and State or Country) CERTIFICATE OF ATTEMBING PHYSICIAGE OR MIDWIFE I hereby certify that I attended the birth of this child, who was Abiliborn | at (Signature) ..... Where there was no attending plu suisn (Physician or saideries) or midwife, then the father, honesholder, etc. signid make this return. A stillborn The state of the s child is one that mather breathes nor shows other orthines of life after burth.

		DATTO.
	RECEIVED MAY 1 1929 DEPARTMENT OF UBL	IC WELFARE DO NOT WRITE IN THIS SPACE
PHYSICIANS tement of 0G-	BUREAU OF VITAL S	
CIA of (	War dalla millioni si si si	State File No.
rsi it c	County of County Ode Registration District No.	I con! Dominiman's No.
ZH.	City of Primary Registration Distri	CT NO
r, 1 ater	(No(No. in a hospital or institution	, give its name instead instead of street and number.)
ECORD EXACTLY, PHYSICL Exact statement of	2. FULL NAME MManuel male che	la
OR act	(a) Residence, No	St.
RECORD EXACT Exact	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
``TR •	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG PERMANENT hould be state erly classified	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divoped (write the word)	16 DATE OF DEATH
(A)	or Divoped (write the word)	Man 5 19 29
EBJ ould	5a If married, widowed, or divorced	(Month) (Day) (Year)
×	HUSBAND of (or) WIFE of	177   HEREBY CERTIFY, That I attended deceased from
S A GE green	(or) WIPE of	May 5 m, 1929, to Dely 5 m, 1929,
8 H 4 ~ 9	6 DATE OF BIRTH (month, day and year)	that I det saw h alive on
FOR THIS ied. nay be certifi	7 AGE Years Months Days If LESS than hrs. or min.	and that death occurred, on the date stated above, at m.
		The CAUSE OF DEATH* was as follows:
VEN SET S	8 OCCUPATION OF DECEASED (a) Trade, profession, or	ques. aestation
ERVI F IN Ily SI hat i	particular kind of work	
RES. DING reful so t	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. most ds.
N I N I Sear Sear Sear Sear	(c) Name of employer	CONTRIBUTORY CAMBULATION CONTRIBUTORY CONTRIBUTORY
MARGIN ITH UNFA hould be ca plain terms, instructions	1 401 041	M Welself Relation)
the true	9 BIRTHPLACE (city or town) way Jallo State or country)	18 Where was disease contracted
M/ TTTH should plain instr	1 100	Did an operation precede death? Date of
Se ii S	10 NAME OF FATHER French & Martin	Was there an autopsy
N S S S S	11 BIRTHPLACE OF FATHER (Pty or town)	What test confirmed glashosist
LAINLY iformati DEATH rtant.	(State or country) Kello Wash	(Signed) John of Jacques, M. D.
PLAINI informa ? DEAT!	12 MAIDEN NAME OF MOTHER JOURS (1) MILLIA	5-7 (Address) W. (Address)
	Johna W yuu	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
WRITE item of AUSE (	II 49 BIDTUDI ACE OF MOTURD (older or town)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
		and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.
e ij	miormant	19 Place of Burial, Cremation, or Removal Date of Burial
-Ever state ION	(Address) Swan Falls Scotto	Lavis Sals Cem. 5-6 1927
. B.— could UPAT	15 +-10 10 N 21 Luke	20. Undertaker Address
N. B.—Eve should stat CUPATION	Filed 19 19 Registrar	noul

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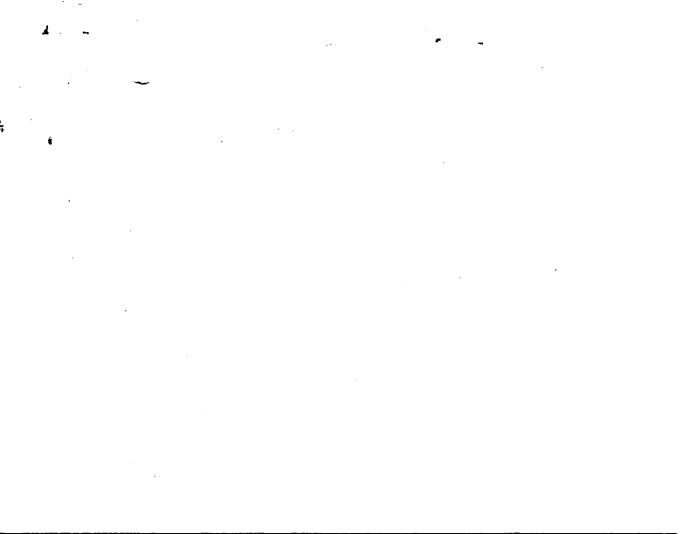
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•.	PLACE OF-BIRTH STATE OF IDAHO
of lo	County of RECEIVED JUL 6 1929DEPARTMENT OF PUBLIC WELFARE
made	BUREAU OF VITAL STATISTICS
3 🖺	City of CERTIFICATE OF BIRTH
8,5	NoSt.
must	692-129:001-993 Registration District No. State File No.
e e	(If born in hospital or institution Prim. Registration District No. 1004 Local Registrar's No.
t CR	FULL NAME OF CHILD
at a	(If stillborn, substitute the word "Stillbirth" for name of child)
YERETURN 1 birth stated.	Sex of Child  Twin Triplet or other?  (To be answered only in event of plural births)    Number in order of birth   Legitimate?   Date of 5   29   19   29
SEPARAT order of b	What prophylactic was used to prevent Ophthalmia Neonatorum?
PA	Number of child of this mother, including present birth (a) Born alive and flow lights
SEP.	Born alive but now dead Stillborn
birth a each, in	FULL Clas Fish, MADEN war Richardson
at	Residence (Usual place of abode) Residence (Usual place of abode)
one child number	If nonresident, give place and State
	Color or race Age at last Birthday (Years)
one nur	Birthplace Birthplace Birthplace
the H	Occupation Occupation Occupation
of more than o	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
of mo	I hereby certify that I attended the birth of this child, who was Stillsorn sat
	(Signature)
Case	( *Where there was no attending physician )
l l	or midwife, then the father, householder,
	etc., should make this return. A stillborn Address
<b>≥</b> #1	shows other evidence of life after birth. Filed 6 1 6 1929 U. 2 Code
Z.	1. Ale Dr died will Claubstia Begistrar.



STATE OF IDAH( RECEIVED .IIII 6 DEPARTMENT OF PUBLICY /ELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of. Registration District No..... Local Registrar's No. / RECORD or institution, give its name instead of areet and number.) (If death occurred in a hospital (a) Residence, No. (If nonresident give city or town and State) (Usual place of abode)
Length of residence in city of town where death occurred. How long in U. S., if of foreign birth? mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, Divorced (write ne word) 8 SEX OR RACE plnous 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Years and that death occurred, on the dat OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (duration) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_vrs. \_\_\_mos. should 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATH Did an operation precede death?... Was there an autopsy? ..... 11. BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? (State or Country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Coun Date of Burial state Informan Registrar

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DEPART OF PURISON In winder BUILDING OF VILL STATISTICS HTAM HO BRACHE mention District No. 7 Tests vile No. of Prim, Registration District No., 2.4. C. Local Registrar's Ma MALINAIT OF CHAIL the solutions substitute the word "Sellburk" for more a child Date of Le zatineine ... > has ginge buebe. straid to ! Whell preply leddle was uppl to prevent Ophthelmis Neonadorum Successor of whild of this mother, including process birth (a) Born alive and non Birthy Liberta stive but new dead ... MOTHER MAIDEN Residence Chang place of about 1 If particulated, kive place and A Litt nourceident, who place and State. Age at last Birthday Contract State or Constru noisemps() THE PROPERTY OF THE STREET OF STREET beauty could's that I attended the birth of this child, who was I Stiffered Lat in the date above state (Signature) Where there was up attendid to by sudan (Physician or midwite) or midwife then the fath Shousehalder. che, should make this taken A still horn elited is one that relient breather per shows other evident of the after birth.

STATE OF IDAHO RECEIVED AUG 5 DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE EXACTLY, PHYSICIANS
Frant statement of OC-BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH County of. Registration District No. Local Registrar's No ... Primary Registration District No... occurred in a hospital or institution, give its name instead instead of street and number.) 2. FULL NAME (a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred ds. How long in U. S., if of foreign birth? mos. vrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word) 16 DATE OF DEATH should (Month) (Year) 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6 DATE OF BIRTH (month, day and year) 7 AGE Years Months If LESS than and that death occurred, on the date stated above, at supplied 1 day. or ...min. The CAUSE OF DEATHS W 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in q (duration) which employed (or employer) instructions CONTRIBUTORY .... (c) Name of employer (Secondary) .... (duration) ..... yrs. .... mos. .... BIRTHPLACE (city or town) 18 Where was disease contracted if not at place of death?..... (State or country) Did an operation precede death M.D. Date of ..... 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or What test confirmed diagnosis mportant. (State or country) 12 MAIDEN NAME OF MOTHER 9 \*State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (city or town) very LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. :s 19 Place of Burial, Cremation, or Removal Date of Burlal state Informant. CUPATION 19 (Address) 20. Undertaker Address

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STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH TE RETURN must birth stated. Registration District No... (if born in hospital or institution give name.) Prim. Registration District No. 2/6/ Local Registrar's No. 683 FULL NAME OF CHILD.. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth or other? Child of birth mate? (Month) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum Number of child of this mother, including present birth... (a) Born alive and now living. Born alive but now dead..... Stillborn FATHER MOTHER FULL MAIDEN Residence (Usual place of woode) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State Age at last Birthday Color or race\_ ge at last Birthday. Birthplace Birthplace. (Olty and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MID I hereby certify that I attended the birth of this child, who was \ Still sorn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

County of Land CERTIFICATE OF BIRTH Begistration District No. 2 State File No. Prim. Registration District Ma. S. C. Local Registrate Ma. Of southern senset the southern - name A com Late of birth -iting. 350 5 T tagen: shyladis was med to mercant Ophthalmia Noonatorum? Number of shift of the shifter broading prosent birth (a) Born silve and now living and the second of the second o Posts afree but now dond MODERNS Heeldenes (Effect) place of abode) In mentionidate, give place and State...... all advestdent, the place and State. Colley ar resemble to the Meridia Occupation CERTIFICATE OF ATTREMENT PHYMOLAN OR LIDWING Seile derill herein seeth that I stiened the birth of this shill, who was I Stingara tat on the date allow alated (Menature) \*Where there was no attending physician Chysician or miswifer or midwills then the fath & hemselestar, etc. should make this relate. A shillton obild is one that number breathus nor shows other evident of life after little,

ECORD EXACTLY, PHYSICIANS Exact statement of OC-	PLACE OF DEATH  County of Sava Hologing Primary Registration District No.  (No.  (If death occurred in a hospital or institution, give its name instead instead of street and number.)  STATE OF IDAHO  DO NOT WRITE IN THIS SPACE  State File No.  Local Registrar's No. / 3-6		
RECORD EXACT Exact	(a) Residence. No. (Usual place of abode)	St. (If nonresident give city	or town and State)
	Length of residence in city or town where death occurred yrs. more	ds. How long in U. S., if of foreign birth?	yrs. mos. ds.
NT.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
PERMANENT hould be state erly classified	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed or Diversed (write the word)	(Month) (Day)	1927 (Year)
:; w ⊆ ,	5a if married, widowed, or divorced HUSBAND of (or) Wife of	17 I HEREBY CERTIFY, That I at	tended deceased from
-THIS IS lied. At may be certifies	6 DATE OF BIRTH (month, day and year) May 4 / 929  7 AGE Years Months Days 1 If LESS th 1 day or	that I last saw belt allow on distillu	19, 19, pove, at m.
G INK— illy supp that it back of	8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	The month gesta	to
ADIN sarefu i, so s on	(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) yrs	ds.
H tingle	9 BIRTHPLACE (city or town) Sava Hot of Sing (State or country)		mos ds.
E PLAINLY, WIT of information sho OF DEATH in pla important. See in	10 NAME OF FATHER Saymond Manage	Did an operation precede death? MQ. Date	of
	11 BIRTHPLACE OF FATHER (city or town) (State or country)  Weston Sand	What test confirmed diagnosis (Staned)	, M <sub>2</sub> /D.
	12 MAIDEN NAME OF MOTHER Clark.	(Address) 4.2.9. (Address)	Na Haliffige
WRIT item AUSE very	13 BIRTHPLACE OF MOTHER (city or town) (State or country)  Harmenglon	*State the DISEASE CAUSING DEATH, or LENT CAUSES, state (1) MEANS AND NA and (2) whether ACCIDENTAL, SUICIDAL or	TURE OF INJURY,
-Every state C ION is	(Address)	19 Place of Burial, Cremation, or Removal	Date of Burial
f. B.—] hould s UPATI	15 Filed June 7., 1929 Mrs. G. G. Fish	20. Undertaker	Address
<b>2</b> 2 2 2 2 2			

MAKGIN KESEKVEL FUR

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PERM EFFUI state	(If stillborn, sub	Date of	
TE	Sex of Child Male Triplet and in order or other? and of birth (To be answered only in event of plural bi	mate? _ birth lay 9 19 2	
RA IS	What prophylactic was used to prevent Ophthalmia Neo	natorum?	
SEPARA order of	Number of child of this mother, including present birth 1  Born alive but now dead 0	(a) Born alive and now living 6	
J. INK—birth a Seach, in	FATHER FULL NAME GUY H. Stalker	FULL MOTHER MAIDEN NAME Nollie Smith	
l at	Residence (Usual place of abode) Thatcher, Ida	Residence (Usual place of abode) Thatcherida	
	If nonresident, give place and State	If nonresident, give place and State.  Color or race. White Age at last Birthday. 22	
UNF one ch numl	Color or race White Age at last Birthday (Years) Birthplace That cher, Ida	Birthplace Clevel and Ida (Years)  (City, and State or Country)	
	(City and State or Country) Occupation School Teacher	Occupation Housewiff e	
P#F			
TLY mo	I hereby certify that I attended the birth of this chi on the date above stated.  (Sign	ild, who was Stillborn at 4-45 A M.	
WRITE PLAIN N. B.—In case of es	l I shild is one that neither breather nor l	N.D.  (Physician or raidwife)  Prest on, Ida  July 1-19? Onary E. Coffin	

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DEFERTMENT OF PUBLIC WEIFFRE BURRAU OF VIAL STATISTICAL STATISTICAL PARTICULARS OF DEATH  THE death occurs away from the death of country of Cauthy  pinon N is	1. RECEIVEDE AND 13 1929 CERTIFICATE OF DEATH REGISTRATE OF DEATH Registration District No		STATE OF IDAHO EFARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
Male while (Write the word)  6. DATE OF BIETH  May 9 1929  7. AGE 115 LESS than 1 day how many hrs. or min.?  8. OCCUPATION  (a) Trade, profession or particular kind of work. while distributions or establishment in which employed (or employer).  8. OCCUPATION  (a) Trade, profession or particular kind of work. while distributions or establishment in which employed (or employer).  9. BIETHPLACE  (b) General nature of industry business or establishment in which employed (or employer).  9. BIETHPLACE  (State or Country) Pleately 2 (or employer).  10. NAME OF FATHER  (State or Country) Pleately 2 (or employer).  11. BIETHPLACE  (State or Country) Pleately 2 (or employer).  12. MAIDEN NAME  13. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Place of death. The most days. State yrs. mos. da.  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Place of death. The most days. State yrs. mos. da.  15. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Place of death. The most days. State yrs. mos. da.  16. DATE OF BIETH  (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from may 19-17. to May 19-2. The last saw h. all ye on. May 19-2. The most day 19-2. The date of country of the date stated above, at M. The CAUSE OF DEATH' was as follows:  18. DEPTHPLACE  OF ATHER  (State or Country) Pleately 2 (Signed)  19. (Address)  20. (Informant)  20. (Day)  20. (Day)  21. (The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  21. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  22. (Informant)  23. (ADDRESS)  24. (ADDRESS)  25. (ADDRESS)  26. (ADDRESS)  27. (ADDRESS)  28. (ADDRESS)  29. (DAY 19-2. The maximum of the date stated above, at M. The Cause, state (I) the date date occurred on the date stated above, at M. The CAUSE OF DEATH' was as follows:  19. (Address)  29. (Address)  29. (Address)  29. (Address)  29. (Address)  29. (Address)  29.	i se	Registration District No.		nn410
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		/ LUCAL REGISTRAT		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin: "Cancer' is less definite: avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility," ("Congental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage, State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

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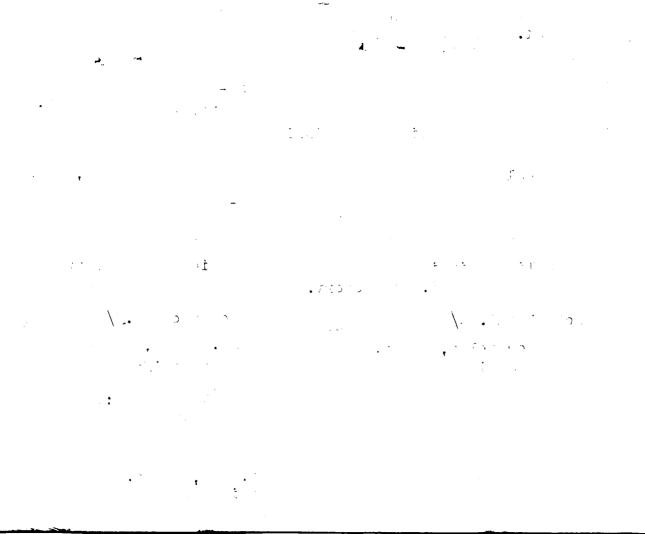
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PERMANENT RECORD RETURN must be made for stated. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH gistration District No. 121-R State File No..... (If born in hospital or institution Prim. Registration District No. 2194-R Local Registrar's No. 2 give name.) FULL NAME OF CHILD Doris Edna Kniffin (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Legiti-Triplet in order Female Yabirth Child or other? mate? (To be answered only in event of plural births SEPARA What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth 2 (a) Born alive and now living Born alive but now dead..... Stillborn... FATHER MOTHER FULL FULL MAIDEN Laura LaVatta Julian Kniffin IFADING child at bi Residence (Usual place of abode) Ft. Hall Reserv. Same Residence (Usual place of abode) ...... If nonresident, give place and State If nonresident, give place and State Shosnone Ind ge at last Birthday 34 Color or race. Color or race... Age at last Birthday one Birthplace (City and State or Country Farming Occupation Occupation and CERTIFICATE OF ATTENDING PHYSICIAN OR PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) Case \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn Idaho. Ft. Hall. child is one that neither breathes nor June 16 shows other evidence of life after birth.



70 1	CONTRACTE OF IDA	HORdelayed. Complete may 1929
ANS	NOGO 1323 DEPARTMENT OF PUBL	C WELFARE   DO NOT WRITE IN THIS SPACE
PHYSICIAN	PLACE OF DEATH BUREAU OF UITAL ST	DEATH State File No
f O	County of Ft. Hall Reservation CERTIFICATE OF Idaho.  Registration District NoI	
E o	City of Primary Registration District	No. 2194-R Local Registrar's No.
LY,	(No. Ft. Hall Agenc	y Hospital.
ORI ACI state	<del>}</del> 1	<b>⊳∧</b> ) [
RECORD EXACTLY, cact statement	2. FULL NAME Dorris Edna Kniffin.	······································
_ 42 ¥	(a) Residence. No(Usual place of abode)	St. (If nonresident give city or town and State)
DING A PERMANENT should be state erly classified. E	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs, mos. ds.
F ERMANE uld be s classified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r SRM ild class	S. SEX Shoshone Shoshone Single, Married, Widowed, or Divorced (write the word) Single	16. DATE OF DEATH  May 22. 1929
ING PER should rly cla	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING IS A PE AGE shou properly c	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from May 22. 19.29 to May 22 19.29
S I S I	6. DATE OF BIRTH (month, day and year) May 22, 1929	that I last saw hShe awas born dead. 19
FOR THIS ed. A ed. A be 1	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at IO Pm.
	0 0 0 min.	The CAUSE OF DEATH* was as follows:
G INK—1 G INK—1 ly supplie hat it may	8. OCCUPATION OF DECEASED	Stillborn at term, cause unknown
ESE NG Part than the control of the	(a) Trade, profession, or NONE particular kind of work.	JULII VIII AU TOLIU, VANDO KIINIVAI
MARGIN RESERVED IH UNFADING INK— lid be carefully suppli in terms, so that it man on back of certificat	(b) General nature of industry, business, or establishment in	(duration)yrs,mos. Ods.
LRGIN UNFA be car terms, s	which employed (or employer)	CONTRIBUTORY Immoderate exercise (Secondary) of the mother before birth
IAR H U d b t te		(duration)yrsmosds.
MANLY, WITH tion should I'll in plain instruction	9. BIRTHPLACE (city or town) Ft. Hall Reservation (State or country)	18. Where was disease contracted if not at place of death?
	10. NAME OF FATHER	Did an operation precede death? NO Date of
	Julian Kniffin	Was there an autopsy? No
PLAI form DEA' See	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis? NOTE College M. D.
<b>—</b> .	(State or Country) Pocatello, Idaho 12. MAIDEN NAME OF MOTHER	, 19 Address) Ft. Hall, Ida
WRITE m of i iSE OF	12. MAIDEN NAME OF MOTHER Annie La La Vatta	
WRITE item of i AUSE OF important.	13. BIRTHPLACE OF MOTHER (city or town) (State or Country)  Mc. Cammon. Idaho	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
, <sup>P</sup> O P	14. Annie Vni Přin	19. Place of Burial, Cremation, or Removal Date of Burial
/qo/ -Ever state is ver	Informant Annie Antillin.  (Address) Ft. Hall. Idaho.	Ft. Hall Reservation , May 23 1929
N. B.— Should a	15. Filed July 22, 1929 Mr. Walter E Time Registrar	Mc. Han & Co. Pocatello, Idah o
년 년 년 년 1981년 - 1981년 br>1981년 - 1981년	Registrar	<u> </u>

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECORD be made for 1929 PARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No. (If born in hospital or institution Prim. Registration District No. 2022 ocal Registrar's No. 4 give name.) Number Date of Sex of Legiti7 Triplet in order hirth Child 0 or other? of hirth mate? (Month) (To be answered only in event of plural births) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum 7. Number of child of this mother, including present birth. (a) Born whive and now living. Born alive but now dead. Stillborn FULL birth each. MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State at last Birthday. Color or race Birthplace Birthplace and State or Country) and State or Country) Occupation .. Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MI I hereby certify that I attended the birth of this child, who was on the date above stated. 70 (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED JUL 5 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH County of Registration District No..... Local Registrar's No.... Primary Registration District No. 20 12 (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... (a) Residence. No...... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? yrs. mos. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. Single, Married, Widowed, 16. DATE OF DEATH SEX or Divorced (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) ..... alive on... and that death occurred, on the date stated above, at \_\_\_\_\_\_m The SAMSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) yrs. mos. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Was there an autopex? 11. BIRTHPLACE OF FATHER (city What test confirmed discreases (State or Country) item o AUSE imports \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town) (State or Country) Place of Burial, Cremation, or Removal Date of Burial Informant. Address

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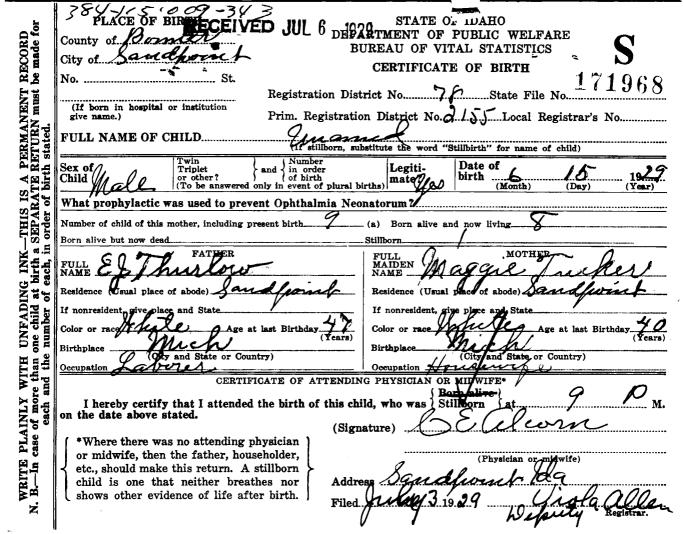
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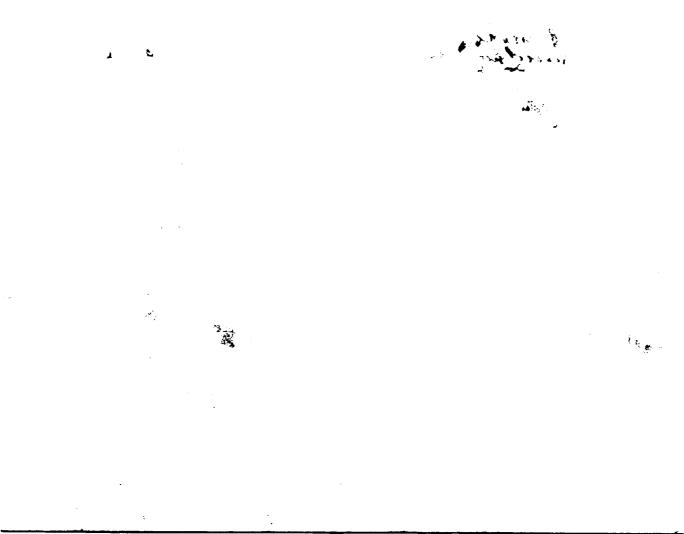
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A-A	RECEIVED JUL 6	STATE OF IDA	НО		
<b>₹</b> 6	ETCTIATE ANT 8	1929 DEPARTMENT OF PUBLIC	C WELFARE	DO NOT WRITE	IN THIS SPACE
	- PLACE OF DEATH	BUREAU OF VITAL ST	ATISTICS	G. 1 700 37	66465
DING A PERMANENT RECORD should be stated EXACTLY, PHYSICIANS erly classified. Exact statement of OCCUPA-	County of Bonner	CERTIFICATE OF	•	State File No	
	City of Sandpoint	Registration District No		Local Registra	ar's No
		Timaly registration District		,	
	(No. 906 Ella Avenue				
	2. FULL NAME Infant Thurlow			$\mathcal{N}_{\alpha}$	
	(a) Residence. No. 906 Ella Ave. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 ERMA] uld be classifi	8. SEX 4. COLOR OR R	ACE 5. Single, Married, Widowed, or Divorged (write the word)	16. DATE OF DEAT	H	
FOR BIN THIS IS lied. AGE ay be prop	Male White	Single	Ju	(Month)	15 1929 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0		FIFY, That I attended de	
	6. DATE OF BIRTH (month, day and	year) June 15, 1929		alive on	, 19
	7. AGE Years Months Days If LESS than 1 day, hrs. or		1	d, on the date stated above	,
	stiller	min.	The CAUSE OF DEA	TH* was as follows:	Qu Qlaware
RVEI INK. supp t it n	8. OCCUPATION OF DECEASED		Stell son sugardo		
ARGIN RESERVED UNFADING INK- be carefully suppl terms, so that it m on back of certifica	(a) Trade, profession, or particular kind of work		frank h	stag a	over mice
	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer		Freder 14	(duration)	yrs. mos. ds.
			CONTRIBUTORY 10 months questation		A 1 7
	9. BIRTHPLACE (city or town) Sandhoint (State or country) Idaho  10. NAME OF FATHER Earl Thurlow  11. BIRTHPLACE OF FATHER (city or town) (State or Country)  Michigan  12. MAIDEN NAME OF MOTHER		(duration)yrs,mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death? Date of  Was there an autopsy?  What test confirmed slagnosis?		
M. NLY, WITH ation should TH in plain instruction					
LX, ion H ir					
Mat ATJ					
E PLAINLY, information F DEATH in			(Signed)	Ealwr	M.D.
H. i.i.	A 12. MAIDEN NAME OF MOTHER	michigan	June 17, 19	29 (Address) Sa	rdfourter,
WRITE m of i ISE OF portant.		argaret Tucker	#State the District St	CAUSING DEATH, or i	- 4-4- 4 1101 707
	13. BIRTHPLACE OF MOTHER ( (State or Country)	city or town) Michagan	CAUSES, state (1) I whether ACCIDENTA	MEANS AND NATURE L, SUICIDAL, or HOMI	OF INJURY, and (2)
F 2 F	14. Earl 71.	111 / 2 12	19. Place of Burial, C		Date of Burial
Every state Caris very	Informant COC M	www	Pinecrest	t Cemetery	June 17,1929
	(Address) sando	11/1/2 (1000)	20. Undertaker		Address
f. B.	16. Filed June 1, 19 2 7	10 - 10 - T Registrar	Moon's Mo:	rtuary, Sandp	oint,idano
4 2 1		- Japaney			

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STATE OF IDAHO RECORD be made for 1 9DM ARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS BIRTH No. PERMANENT I RETURN must b ム....State File No..... Registration District No..... (If born in hospital or institution Local Registrar's No.... Prim. Registration District No. give name.) FULL NAME OF CHILD If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of in order Triplet and RATE 1 birth mate? Child To or other? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? SEPAR Number of child of this mother, including present birth. (a) Born alive and now living Stillborn Born alive but now dead. FATHER FULL each, FULL NAME Residence (Usual place of abode) at Residence (Usual place of abode) child If nonresident, give place and State If nonresident, give place and State 99 at last Birthday ge at last Birthday. (Years) Birthplace (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW and 8:20 I hereby certify that I attended the birth of this child, who was ( Still on the date above stated. (Signature) \*Where there was no attending physician Physician oznid or midwife, then the father, householder, WRITE B.—In etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar.

 $\frac{\partial \mathcal{L}_{\mathcal{A}}}{\partial \mathcal{L}_{\mathcal{A}}} = \frac{\partial \mathcal{L}_{\mathcal{A}}}{\partial \mathcal{L}_{\mathcal{A}}} + \frac{\partial \mathcal{L}_{\mathcal{A}}}{\partial \mathcal{L}_{\mathcal{A}}} = \frac{\partial \mathcal{L}_{\mathcal{A}}}{\partial \mathcal{L}_{\mathcal{A}}}$ 

196 PLACE OF BUTH RECORD be made for STATE OF IDAHO CERTIFICATE OF BIRTH PERMANENT | RETURN must b th stated. State File No. Registration District No..... (If born in hospital or institution Prim. Registration District No. 1 V D Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of ى -Legiti Sex of Triplet in order IS A birth Child / or other? of birth mate? (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth... . (a) Born alive and now living. Born alive but now dead... Stillborn. FATHER FULL each, MAIDEN Residence (Usual place of abode) danne Residence (Usual place of If nonresident, give place and State If nonresident, give place and State. Age at last Birthday Birthplace Birthplace. nd State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MID PLAINLY case of mor I hereby certify that I attended the birth of this child, who was Still on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ż

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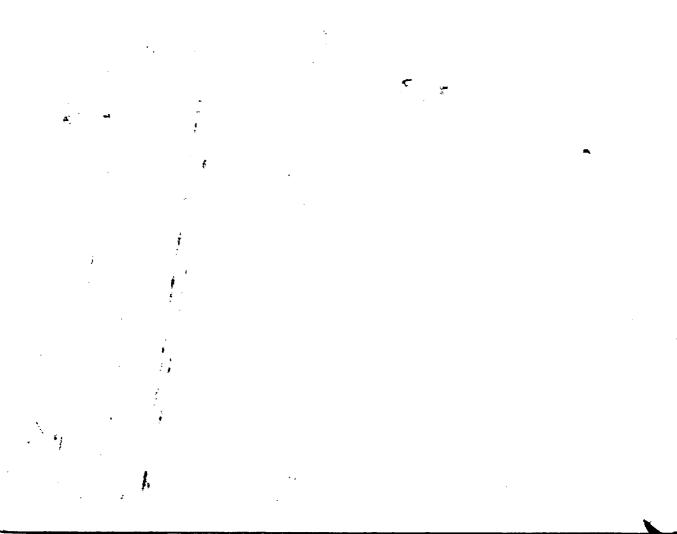
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ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	CEIVED SEP 19 1979  DEPARTMENT OF PUBL BUREAU OF VITAL S  County of Communication Distriction Distriction Distriction  City of Communication Distriction Distriction  (No. 10 10 10 10 10 10 10 10 10 10 10 10 10	DEATH State File No
AN.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANENT nould be state y classified. E	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH 16. DATE OF DEATH
BINDING IS A PERMANE AGE should be st properly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  W. HEREBY CERRIFY, That attended becaused from 18
±22 a ∣	6. DATE OF BIRTH (month, day and year)	that I last saw here on 19
e a field	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at
UNFADING INK—THI UNFADING INK—THI be carefully supplied. terms, so that it may be no back of certificate.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	The CAUSE OF DEATH* was as follows:    Contributory
WETH Should plain ction	9. BIRTHPLACE (city or town) Jako Falle (State or country)	(duration) yrs, mos. ds.  18. Where was disease contracted if not at place of death?
PLAINLY, nformation DEATH in See instru	10. NAME OF FATHER (city or town)  11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  A awars Jown  12. MAIDEN NAME OF MOTERIAL Adams	Did an operation precede death? NO Date of Was there an autopsy? What test confirmed diagnosis?  (Signed) (Address)  (Address)
im.	18. BIRTHPLACE OF MOTHER celty or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every state is very	14. Informant (Address) Islano Falls.	19. Place of Burial Cremation, or Removal Date of Burial May 29.19 29
N. B should THON	15. Filed Filed Registrar	20 Undertaker A. M. Handako Fal

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

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midwife.

dup 08 SB 1929-173039

, PHYSICIANS nt of OCCUPA-	PLACE OF DEATH.  County of Cassia  City of Leclo	BUREAU OF VITAL STA CERTIFICATE OF I Registration District No	C WELFARE ATISTICS DEATH	DO NOT WRITE IN THIS SPACE State File No. 66547  Local Registrar's No.
BINDING IS A PERMANENT RECORD AGE should be stated EXACTLY, properly classified. Exact statement	2. FULL NAME. (a) Residence. No	th occurred. yrs. mos. ds.	St.  How long in U. S., if of MEDICA  16. DATE OF DEAT  17. I HEREBY CERT	If nonresident give city or town and State) of foreign birth? yrs. mos. ds.  AL CERTIFICATE OF DEATH  H (Month) 19 (Year)
WRITE PLAINLY, WITH UNFADING INK—THIS tem of information should be carefully supplied. USE OF DEATH in plain terms, so that it may be mportant. See instruction on back of certificate.	6. DATE OF BIRTH (month, developed year)  7. AGE	Days LESS than 1 day, hrs. or min.	The CAUSE OF DEA!	I, on the date stated above, at
	9. BIRTHPLACE (city or town)  10. NAME OF HITHER  11. BIRTHPLACE OF THER (city or (State or Country))  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (city or (State or Country))	weet town da.	Was there an autopsy What test confirmed di (Signed)  *State the DISEASE CAUSES, state (1)	de death? \( \int \delta \) \( \text{Date of } \)
N. B.—Every is should state CATION is very i	14. Informant SLO Try (Address) Sector 15. Filed 19. 19.77	da.  tett utter  Registrar		remation, or Removal  Date of Burial  Agents as  April 21 19 2

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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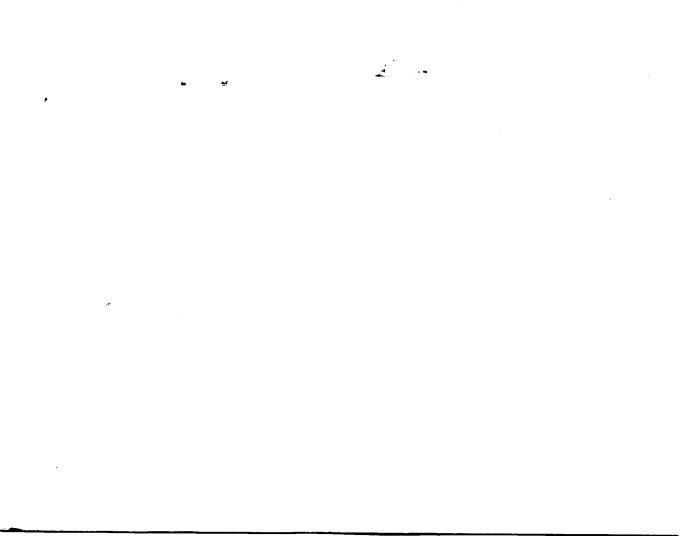
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1343-206-016-446	
PLACERECERVED JUL 13 1920 DEP	STATE OF IDAHO
DEP	ARTMENT OF PUBLIC WELFARE
ILIAIDEN AT	UREAU OF VITAL STATISTICS
City of	
	CERTIFICATE OF BIRTH
No St.	172198
Registration Dis	trict NoState File No
(If born in hospital or institution give name.)  Prim. Registration	on District NoLocal Registrar's No
give name.)	on District 140Docar negistrar's 140
FULL NAME OF CHILD	
(If stillborn, su	bstitute the word "Stillbirth" for name of child)
Sex of Twin Number in order	Legiti- Date of
Child 7 or other? \ of hirth	matazi a birth Classe G 19 2
(To be answered only in event of plural b	dirths) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Nec	onatorum? Situe nitrate 20/0
Number of child of this mother, including present birth.	(a) Born alive and now living
Born alive but now dead	Stillborn
FATHER	. ACOMYTEND
FULL CO. 10 - FATHER	MATDEN 2 . ()
NAME Ralph Jullock	NAME GILA QUIFF
Residence (Usual place of abode).	Residence (Usual place of abode)
If nonresident, give place and State	If nonresident, give place and State.
0.0	1 +
Color or race Age at last Birthday (Veen)	Color or race Age at last Birthday (Years)
Birthplace Wash.	Birthplace Lau.
(City and State or Country)	(City and State or Country)
Occupation	Occupation Occupation
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE*
Thousand contifue that I attended the hinth of this sh	ild. who was Still forn at
I hereby certify that I attended the birth of this ch on the date above stated.	iid, who was ( Stillsorn ) at
	lature) dling 2 Dean
( *Where there was no attending physician )	V \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
or midwife, then the father, householder,	1 IVI. 0
	(Physician or midwife)
etc., should make this return. A stillborn	m Barren
child is one that neither breathes nor Addr	ess
shows other evidence of life after birth.	11 - 19 2 7 W Willer
	Registrar.



NG PERMANENT RECORD hould be stated EXACTLY, PHYSICIANS y classified. Exact statement of OCCUPA.	PLACE OF DEATH  County of City	C WELFARE DO NOT WRITE IN THIS SPACE State File No. 66538  Local Registrar's No.	
ANE be st iffied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	8. SEX 4. COLOR OR RACE 5. Single Married, Widowdd, or Differeed (write the word)	16. DATE OF DEATH	
BINDING ISAPE AGE shou	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY GERTIFY, That I attended deceased from	
FOR THIS ied.	6. DATE OF BIRTH (month, day and year)  7. AGE  Years  Markhy  Days  LESS than I day, hrs. or min.	that I last saw han silve on 19.77 and that death occurred, on the date stated above, at 7:30 A. m. The CAUSE OF DEATH* was as follows:	
<b>-</b>	8. OCCUPATION OF DECEASED	Duein leterin aspluxio	
RESER DING   efully of that	(a) Trade, profession, or particular kind of work		
Ck F F X	(b) General nature of industry, business, or establishment in which employed (or employer)		
_ ~ ~	(c) Name of employer	(Secondary)	
MA WITH should plain	9. BIRTHPLACE (city or town) Jurily (State or country)	(duration)yrsmosds.  18. Where was disease contracted if not at place of death?	
WRITE PLAINLY, WITHER OF Information should USE OF DEATH in plain portant. See instruction	10. NAME OF FATHER alph Inclock	Did an operation precede death? Date of	
	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER	What test confirmed diagnosis?	
	12. MAIDEN NAME OF MOTHER (MAIDEN NAME OF MOTHER (MAIDEN NAME)	19 19 (Address) 13	
ite im	13. BIRTHPLACE OF MOTHER (city of town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
78 + -Every state C	14. Informant Jaly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19. Place of Burial, Chemation of Removal Date of Burial	
N. B.—Eshould sta	15. Filed 19	20 Underteker Address	
Short TIC	Registrar	N. (). Sopuson July	

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ASPARTMENT OF PURLICE TRELLER TE CERTAPICATE OF BURTHE Rackstration Listrict No. ....State like No.... Prim Registration District No. .... Local Registrar's No. PULL NAME OF CHUD codenie i lina i describe de la codenie de l Date of w What prophylactic was used to prevent Ophthelmin Neonatorum? . . . de first first first SHRTAT (City and State or Country) CHATTHOATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was I Stiffworn der the date above stated. Where there was no attending abysician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither biseshes now. shows other evidence of life after birth.

TH ate.	FORM V. S. No. 5-25 M. 1-19.		TE OF DEATH .	State of Idaho	
DEATH rtificate.	1. PLACRECEFYED JUL 3	1070 Registration District No	2/ E	BOARD OF HEALTH Sureau of Vital Statistics	
P.O.	County of	Primary Registration District No.		File No. 66578	
USE ack o	City of	(No,	St.) Re	gistered No	
, tate CAU ns on ba	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAM	RACHI	en Bardster	If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.	
ould s	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH	
RECORI CIANS sh	male White 5. SI	NGLE, MARRIED, WID- WED OR DIVORCED  (Write the word.)	16. DATE OF DEATH	9/ 9%	
ING A PERMANENT XACTLY, PHYSI	6. DATE OF BIRTH	0/ 10	(Manth)	(Day) (Year)	
	May	(Day) (Year)	17. I HEREBY CERTIFY, That	I attended deceased from	
~ ~ ~ _	7. AGE STOR FORM	IF LESS than 1 day how manyhrs.	that I last saw h alive on	19,	
RESERVED FOR BINDIN DING INK — THIS IS A AGE should be stated EX.	Mos. ds.	ormin.?	and that death occurred on the date	stated above, atM.	
	8. OCCUPATION		The CAUSE OF DEATH* was as fol	lower	
	(a) Trade, profession or particular kind of work		OH presence	were your	
	(b) General nature of in- dustry, business or estab- lishment in which employ-		Circulation	cutoff-	
	9. BIRTHPLACE		(Duration)	Yrsds.	
RGIN UNFA pplied.	(State or Country)	nai	Contributory(Secondary)		
Z H RA	10. NAME OF FATHER AM	Jardsley	(Duration)	yrsds.	
,Y, WIT	11. BIRTHPLACE OF FATHER	()	(Signed)	PO an One	
AINL.	(State or Country)	)	19(Address)/	- Comment	
COLLA PLA Pould Operly	12. MAIDEN NAME OF MOTHER		*State the Disease Causing Death; or in (1) Means of Injury; and (2) whether Accident	eaths from Violent Causes, state ental, Suicidal or Hemicidal.	
YRITI Hon a	13. BIRTHPLACE		18. LENGTH OF RESIDENCE (F Transients or Recent Residents	or Hospitals, Institutions,	
rmat nay	OF MOTHER	·	At place In the of death vrs. mos. days. S	tateyrsmosdays	
info	(State or Country)  14. THE ABOVE IS TRUE TO THE BES	ST OF ME KNOWLEDGE	Where was disease contracted	-	
that	1 Mrs In Ra	rdsler	if not at place of death?	***************************************	
16 K	(Address)	mal	usual residence		
22 Svery torms	15.	A 10	19. PLACE OF BURIAL OR REMOVE	PAL DATE OF BURIAL	
	Filed May 29 1929 1	Hyllus Local Registrar	20. UNDERTAKER	ADDRESS	
<u> </u>	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088				

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STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

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RECORD be made for	No. St.	CERTIFICATE OF BIRTH S 172268	
HIS IS A PERMANENT PARATE RETURN must   der of birth stated.	FULL NAME OF CHILD	Date of March (Month) (Day)	
FH UNFADING INK—THIS an one child at birth a SEPA the number of each, in order	Born alive but now dead.  FULL RAME  Residence (Usual place of abode)  If nonresident, give flaquand State  Color or race  Age at last Birthday  (Years)  Birthplace  City and State or Country)	Stillborn  FULL MATDEN NAME  Residence (Usual place of abode)  If nonresident, give place and Sate  Color or race  Age at last Birthday  (Years)	
WRITE PLAINLY WIT N. B.—In case of more that each and t	CERTIFICATE OF ATTENDING PHYSICIAN OR MID FIFE  I hereby certify that I attended the birth of this child, who was Stillbarn at Dill brown at Stillbarn at Dill brown at Stillbarn at Dill brown at Stillbarn at Dill brown at Stillbarn at Dill brown at Stillbarn at Dill brown at Stillbarn at Dill brown at Dill br		

HUREAG OF VE Registration District No. Perce Royistration District No. Local Registrary No. PUBLIE OF CRIED iff stillhorn, edicatate the word "Bellbird." on nume of child) (Mrnak) What probablectic was used to prevent Ophthalmia Monatorum. Him to salive thee now dead. it sidence (Unual place of abode) if nonresident, give place and Sin (City and State ar Country) (City and State or Company) Оссывающи CHARGERY OF ATTENDING THE SICIAN OR SHEET I hereby certify that I attended the birth of this child who was | Mi on the date above stated. (Signature) \*Where there was no attending physician Fuynteing or midwife) or midwife, then the father, housebolder, etc., should make this return. A stillboth child is one that neither breekles nor shows other evidence of life after hirth.

OF DEATH f certificate.	PLACE OF DEATH Registration District No	TE OF DEATH State of Idaho BOARD OF HEALTH Bureau of Vital Statistics File No File No
USE ack o	City of Kaglyman (No	St.) Registered No
ate CAU	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME	Tennely  If death occurred in a hos pital, institution or camp give its NAME instead or street and number.
RD should st nstruction	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IANENT RECORD 7, PHYSICIANS sho important. See insti	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  When the Word.)  6. DATE OF BIRTH  May 17 1929	16. DATE OF DEATH    19.25   1
ERM CTLY	(Month) (Day) (Year)	arrived soon after high
NDING S A F d EXA	7. AGE IF LESS than 1 day how many	that I last saw h alive on19
# _ \$5	Mos. ds. or min.?	and that death occurred on the date stated above, at
FOR B-THIS	8. OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH* was as follows:
SERVED I	particular kind of work	
MARGIN RESER H UNFADING 1 supplied. AGE Exact statement	9. BIRTHPLACE (State or Country) Nagerman	(Duration) Yrs. mos. ds  Contributory (Secondary)
MAR(WITH U	10. NAME OF Robert & Kennedy	(Signed) R H Green M. D
PLAINLY, uld be caref	11. BIRTHPLACE OF FATHER (State or Country)	19 (Address) Jaglyma
PLA lould perly	12. MAIDEN NAME Pullie	*State the Disease Causing Death; or in Seaths from Violent Causes, stat (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
WRITE mation sh ay be pro	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)  At place In the
infor it m	(State or Country)	of death yrs mos days. State yrs mos day  Where was disease contracted
that	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
item 1, 20	(Informant)	Former or usual residence
B.—Every plain terms	15. Mar 18 19 19 19 Nheer	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAX. 19.19.19.19.19.
E.K.	Filed Local Registrar	20. UNDERTAKER  ADDRESS  ADDRESS
	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County BUREAU OF VITAL STATISTICS City BIRTH 172319 must Registration District No. State File No..... Prim. Registration District No... Local Registrar's No..... give name.) FULL NAME OF CHIL (If stillborn, substitute the word "Stillbirth" for name of child) Number Legitie / Date of Sex of dirth Child (Month) (Day) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth. (a) Born alive and now living Stillborn. Born alive but now dead... MOTHER FULL MAIDEN FADING child at Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Color or rac Color or race Birthplace Birthplace (City and State or Country) Occupation munic Occupation OF ATTENDING PHYSICIAN OR I hereby certify that I attended the birth of this child, who was Stiffborn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

Form V. S. No. 5 20M.1-16-12 JUL	1 2 1929 CERTIFICATI	E OF DEATH	State of Idaho BOARD OF HEALTH
1. PLACE OF DEATH.	Registration District No	<i>18</i>	Bureau of Vital Statistics
County of flowe	Primary Registration Distri	ict NoFi	le No. $66603$
City of Gerovice (No.		St.) Registered No.	
If death occurs away from usual residence, give facts called for under special information. 2. FULL N.	AME Baluy Str	atton	If death occured in a hospital, institution or camp, give its NAME instead of street and number.
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH.
3. SEX 4. COLOR OR RACE 5	OWED OR DIVORCED.	16. DATE OF DEATH	(5 ,2 9 ,2 9
6 DATE OF BIRTH	- (Wine the worth)	(Month)	(Day) (Year)
O. DATE OF BIRTH	_	17. I HEREBY CERTIFY, Tha	I attended deceased from
June	3 1929	Juse 3 197/, to	kine 3 102/
(Month)	(Day) (Year)	that I last saw h describe on	une 3 1979
7. AGE		and that death occurred on the date	stated above, at P. M.
			lows:
8. OCCUPATION		Forces Deliver	4 *
· · · · · · · · · · · · · · · · · · ·		Iretra Cramal	Haemorraye
(b) General nature of industry	***************************************	4 Pressure	<i>G</i> .
	•••••	^	<u> </u>
9. BIRTHPLACE 110	- 4 4 4 4 4		usus.
(State or Country) . Valenten	House wendell	(Secondary)	······································
10. NAME OF FATHER	11.11	(Duration) y	rsds.
11. BIRTHPLACE	- racion	(Signed)	LL M. D.
OF FATHER	<i>a</i> )	199 (Address) Jeno	me The
12. MAIDEN NAMES	<i>h a</i>	*State the DESEASE CAUSING DEATH; or in deat MEANS OF INJURY; and (2) whether ACCIDENTAL	hs from VIOLENT CAUSES, state (1)
OF MOTHER CERNICA	Jakes	18. LENGTH OF RESIDENCE (Fo	r Hospitals, Institutions,
13. BIRTHPLACE		Transients or Recent Residen	ts.)
(State or Country)	1_		ne teyrsmosdays.
14. THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	***************************************
(Informant)		Former or	
(Address)	a Bala		
15.	- William	George Tela	
Filed 6 3 192 9	Chas Fzeller	20. UNDERTAKER	ADDRESS
SYMS - YORK CO., PTRS. & BDRS. 19760	Local Registrar		
	1. PLACE OF DEATH.  County of City of	1. PLACE OF DEATH.  County of Primary Registration District No.  Primary Registration District No.  Primary Registration District No.  If death occurrisway from usual residence, give facts called for under special information. 2. FULL NAME ALLY ARRIED, WID-  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	1. PLACE OF DEATH.  County of Primary Registration District No.  Primary Registration

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PLACE OR BOTHVED, JUL 6 RECORD be made for STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTIC CERTIFICATE OF BIRTH PERMANENT RETURN must 845-130-034-3 (If born in hospital or institution give name.) Prim. Registration District No. 2015 Local Registrar's No. 101 FULL NAME OF CHILD .... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Legiti-Sex of Date of in order Child (To be answered only in event of plural births) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum?.... Number of child of this mother, including present birth Born alive but now dead... Stillborn FULL each. FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) child If nonresident, give place and State If nonresident, give place, and State. Color or race Color or race Birthplace. Birthplace (Cits and State or Country) ty and State or Country) Occupation and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* ore Born alive PLAINLY 덩 I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician WRITE B.—In (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar.

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	for "Sullsieue" for neuro of state			e of calld	
Total (	llate of birth doubt		to the state of th	TOWNERS (**)	E Sex of
		nalizia Neonatorum?  h. & al item aliv  Stillben  FUEL  MALITER  NAME	relating present birr	id of this mother, us	du to server de la constant
	sual plane of abode). A first	Marsh Sign Residence W	•	int place of abodes hive place and See	1 6 -
<b>4400</b> (1)	(City and Share of Country	भागमध्यप्रकारी (१)		•	Coler or mee. Butaniace. Occupation
W. P.	OR MIDWIFE.	ATTEMBING PHYSICIAN		certify that I a above staked.	and and and and and and and and and and
1	(Physician or misserife)	Address	nding physicus. er, householden, urn. A stillborn r breathes no life afur birth	fe, then the fath ld make this retu one that neithe	or midwing out on the strong of the strong o

STATE OF IDAHO PLACEDA RECORD be made for 1929 DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. RETURN must be th stated. Registration District No... In hospital or institution Prim. Registration District No. 100 9 Local Registrar's No. give name FULL NAME OF (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Triplet in order birth Child 2 or other? (To be answered only in event of plural births) (Day) (Year (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth... (a) Born alive and now living Stillborn Born alive but now dead. MOTHER FULL MAIDEN FULL NAME child ive plage and State If nonresident, give place and State t last Birthday Color or race Birthplace and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN Signature) I hereby certify that I attended the birth of this child, who was on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, (Physician <del>or mid</del> WRITE B.—In etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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STATE OF IDAHO PHYSICIAN t of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. County of. City of . Kee Local Registrar's No..... Primary Registration District stated EXACTLY, A PERMANENT RECORD institution give its name instead of street and number.) Exact 2. FULL NAME (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS OF RACE 5. Single, Married Widowed, or Divorced (write the word) 16. DATE OF DEATH should (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from AGE (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h..... alive on... 7. AGE LESS than 1 Years Months and that death occurred, on the date stated above, at\_\_\_\_\_ min. was as follows: UNFADING INK 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_\_vrs. \_\_\_mos. 9. BIRTHPLACE (city or town) Where was disease contracted (State or country) if not at place of death? \_\_\_\_\_ 10. NAME OF FATHER Did an operation precede death?\_\_\_\_\_ Date of\_\_\_\_ Was there an autopsy? ..... 11. BIRTHPLACE OF FATHER What test confirmed diagnosis? (State or Country) , **p**, 12. MAIDEN NAME OF MOTHER CAUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) lace of Burial. Cremation Date of Burial state Informant. (Address) Registrar

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"Shale," "Ureomis," "Weekpees," etc., when exhibited "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Do not accept a certificate of death signed only by a midwife.

PERMANENT RECORD RETURN must be made for irth stated.	County of Red City of St. Registration District Hospital Primary Registration FULL NAME OF CHILD	2 N/4 - 1/2 L
IS IS A PERM ARATE RETUI ler of birth st	Sex of Male Twin Triplet and Number in order or other? (To be answered only in event of plural births)	Legiti- mate? Jes Date of Fact 1925 (Month) (Day) (Year)
EPAR order	What bactericidal solution was used in eyes?	
M 8 11	Number of child of this mother, including present birth Numb  FULL FATHER  NAME  Cdward Thornton	er of child of this mother now living, including present birth  FULL  MOTHER  MAIDEN  NAME  Viella  Suttler
25 25 25	RESIDENCE THULAS Ada.	RESIDENCE Mulad, Ida.
NFADIN child at nber of	COLOR AGE AT LAST BIRTHDAY (Years)	COLOR white AGE AT LAST SIRTHDAY (Years)
H UNFA one child number	BIRTHPLACE Malad Ada.	BIRTHPLACE Languer utah
WITH than o	OCCUPATION De la companya del companya del companya de la companya	OCCUPATION Lauraemile.
PLAINLY WI se of more tha each and th	I hereby certify that I attended the birth of this child on the date above stated.  *When there was no attending physician or midwife, then the father, householder, (Signat	, who was { Stillborn } at
WRITE B.—In ca	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.	(Physician or midwife)
z	, 192 Address	430 1929 M. Herus
	Registrar.	Registrar.

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STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Payette. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 172549 PERMANENT I RETURN must b th stated. (If born in hospital or institution Prim. Registration District No. 1008. Local Registrar's No. give name.) Stillborn FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Yes Date birth Triplet in order June 1,1929<sub>19</sub> Child Male or other? of hirth (To be answered only in event of plural hirths) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?...... Neo-Silvol 3 (a) Born alive and now living Number of child of this mother, including present birth..... Born alive but now dead..... Stillborn. MOTHER Thiel FULL W.Fuller Trene MAIDEN NAME UNFADING one child at bi number of ea Residence (Usual place of abode) Payette, Idaho Payette, Idaho Residence (Usual place of abode). If nonresident, give place and State... If nonresident, give place and State. 38 White White Color or race Age at last Birthday... Color or race Age at last Birthday.... (Years) (Years) Tdaho. Minnesota Birthplace .... Birthplace. (City and State or Country) (City and State or Country) Laborer Occupation ..... Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* Stillborn more ch an Born\alive PLAINLY 3.30 p.m. 1 M. I hereby certify that I attended the birth of this child, who was Stillbern on the date above stated. (Signature) \*Where there was no attending physician Physician. or midwife, then the father, householder, etc., should make this return. A stillborn Idaho. Payette, child is one that neither breathes nor shows other evidence of life after birth. June 1 19 29

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2.1	N ·	STATE OF IDA	но	
PHYSICIANS of OCCUPA-	RECEIVED JUN 28 19		1 20 2101 111111	IN THIS SPACE
22	PLACE OF DEATH	BUREAU OF VITAL ST	ATISTICS	0000
XS OC	County of PAYETTE.	CERTIFICATE OF	DEATH State File No	66686
E S	11	Registration District No	4	00
, <b>t</b>	City of PAYETTE.	Primary Registration District	No1008. Local Registr	ar's No
		(No.		
E C E	(If death occu	arred in a hospital or institution, give its	name instead of street and number.)	<b>\</b> Ø
RECORD EXACT cact state	2. FULL NAME Stillbor			٠. س
NG PERMANENT RECORD hould be stated EXACTLY y classified. Exact statemed	(a) Residence. No(Usual place of abode) Length of residence in city or town where	917 North 6th. St.	St.  (If nonresident give city  How long in U. S., if of foreign birth?	y or town and State) yrs. mos. ds.
NE SE	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF	
G ERMAN puld be classifi	3. SEX 4. COLOR OR RA		16. DATE OF DEATH	DEATH
ING PERM should rly class	Male White	or Divorced (write the word) Infant	June 1,192	9
IN On Ship		TILL MILC	(Month)	Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended d	eceased from
BINI IS A AGE prope			June 1,1929, 19 , to Jur	
8 ES	6. DATE OF BIRTH (month, day and ye		that I last saw h im alive on Jur	ie 1,192910
EVED FOINK—THE Supplied. it may lift tificate.	7. AGE Years Months	Days If LESS than 1 day,	and that death occurred, on the date stated abo	ove, atm
SERVED FOR INK—THE SUBDISHED IN SUBDISHED SHAPE IT MAY CERTIFICATE.		min.	The CAUSE OF DEATH* was as follows:	• •
RVE INK sup it i	8. OCCUPATION OF DECEASED		Smallpox immediately	receeding
SE TE PER CE PER	(a) Trade, profession, or particular kind of work		birth of infant in the	; mother
GIN RESERVED NFADING INK— e carefully suppl rms, so that it m back of certificat	(b) General nature of industry,			
	business, or establishment in which employed (or employer)		(duration).,	yrsds.
MARGIN RES H UNFADIN ild be careful in terms, so th	(c) Name of employer		CONTRIBUTORY (Secondary)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 0				yrsds.
WITH Should plain ction o	9. BIRTHPLACE (city or town) P8 (State or country)	yette, Idaho	18. Where was disease contracted	
r g g k			if not at place of death?	
LY, 'ion gion grin	10. NAME OF FATHER Ward	W.Fuller	Did an operation precede death? Dat	e of
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city	or town)	Was there an autopsy?	
PLAI nform DEA' See	(State or Country)	Minnesota.	What test confirmed diagnosis?	
.53	(State or Country)  2	Willing God .	(Signed) Address Pay	ette, Idaho
E 40 #	12. MAIDEN NAME OF MOTHER	Irene Theil.	, 19 (Address) L Gay	occo, Idano
VR.	18. BIRTHPLACE OF MOTHER (cit	y or town)	*State the DISEASE CAUSING DEATH, or	in deaths from VIOLENT
15 T E	(State or Country)	Idaho	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS AND NATURI whether ACCIDENTAL, SUICIDAL, or HOM	E OF INJURY, and (2) ICIDAL.
*C *	14. Informant Ward W.	Fuller	19. Place of Burial, Cremation, or Removal	Date of Burial
-Ever state	(Address)	Payette. Idaho	Payette, Idaho	6/2/29 19
8.2×		0 W	20. Undertaker	Address
10. 10.	15. Filed June 3 , 1929.	10000 Glegistra	Ward W.Fuller	Payette, Id.
Z 7 -	11			

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523-127-042 RECORD be made for STATE OF IDAHO MARTMENT OF PUBLIC WELFARE County of ..... BUREAU OF VITAL STATISTICS City of Taxas CERTIFICATE OF BIRTH PERMANENT I RETURN must but but stated. Registration District No. 37 State File No. (If born in hospital or institution Prim. Registration District No. 10 8 5 Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet √ in order Child . or other? of birth mate? // birth ... (To be answered only in event of plural births) (Month) (Year) -THIS IS SEPARAT What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living Born alive but now dead... Stillborn FATHER MOTHER FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State... If nonresident, give place and/State. Color or race. \_\_\_\_Age at last Birthday\_\_\_\_ Color or race. Age at last Birthday Birthplace .... Birthplace. (City and State or Country) (City and State or Country) Occupation 5+ Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* more I hereby certify that I attended the birth of this child, who was Stalborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor Address ..... shows other evidence of life after birth. Registrar.

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A.	PECELVED III 1 0 1000 STATE OF IDA	НО
<b>₹</b> 6	RECEIVED JUL 10 1920 STATE OF IDA	C WELFARE DO NOT WRITE IN THIS SPACE
PHYSICIA	PLACE/OF DEATH DUREAU OF VITAL SI	Alishos
SKO	County of July CERTIFICATE OF	DEATH
PH	Registration District No	3 7
ent,	City of City of Primary Registration District	No. 10 8 5 Local Registrar's No
O III	and Valley	
RECORD EXACTLY, tact statement	(If death occurred in a host ter or institution, give its	name instead of street and number.)
	2. FULL NAME Jaky Colleuses	~ Y
75 - T	(a) Residence. No. Bull dealw	St.
A ate	(Usual place of abode) Length of residence in city or town where death occurred. O yrs. Omos. O ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT should be stated erly classified.		
E P E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R P P	4. COLOR OR RACE 5. Single Married, Widowed, or Divørced (write the word)	16. DATE OF DEATH
OING A PERM should rly class	Vall While Single	(Month) (Day) (Year)
BINDIN IS A P AGE sho properly	5a. In married, widowed, or divorced HUSBAND of	A7. I HEREBY CERTIFY, That I attended deceased from
BINI IS AGE prope	(or) WIFE of	Jane 27 , 1927, to Jane 37 , 192/
IS IS A	6. DATE OF BIRTH (month, day and year)	that I last saw h alive on 19
FOR THIS ed. A	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm.
2 [ H 2 2 2 1	O O O hrs. or min.	The CAUSE OF DEATH was as follows:
RGIN RESERVED FOUNFADING INK—Tr be carefully supplied erms, so that it may n back of certificate.	8. OCCUPATION OF DECEASED	Juliant
SSER NG 1 Illy that	(a) Trade, profession, or	
N RESER FADING I carefully a s, so that	particular kind of work	
FADI Caref S, 80	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration)mosds.
RGIN UNFA be ca erms, n back	(c) Name of employer	CONTRIBUTORY
<b>—</b>	(c) Name of employer	C(Secondary)
WITH WITH should plain ction	9. BIRTHPLACE (city or town) www. Talla.	18. Where was disease contracted
	(State or country)	if not at place of death?
on on stru	10. NAME OF FATHER	Did an operation precede death? Date of
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or toyn)	Was there an autopsy?
SEA I	(State or Country)	What test confirmed diagnosia?
	11. State or Country)  12. MAIDEN NAME OF MODIER MOIT	(Signed) M. D.
of or tant	12. MAIDEN NAME OF MOTHER acity Jauran	, 18 / (Address) / C
WRITE em of i JSE OF portant.	18. BIRTHPLACE OF MOTHER (cyty) or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRI y item o CAUSE y imports	(State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
WRITE Very item of i ate CAUSE OF very important.	14. O. N. Esteres 211	19 Place of Burial Cremation, or Removal Date of Burial
	Informant 3 / 1 2 0 d	Verin Stalls Sda 6/28 1979
	(Address) (Sull Stu	20. Undertaker / Address
N. B. Should FION	15. Filed 7-10, 1929 W Lets	The sure of the state
z di	Registrar	- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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1 3

City of Tacco	DEPARTMENT OF PUBLIC BUREAU-OF VITAL STA CERTIFICATE OF I Registration District No	C WELFARE ATISTICS DEATH 3 7 No. 1 0 8 5	DO NOT WRITE IN THIS SPACE State File No		
2. FULL NAME					
MARGE AND STATISTICA  PERSONAL AND STATISTICA  PERSONAL AND STATISTICA  PERSONAL AND STATISTICA  S. SEX. 4. COLOR OR RACE  PERSONAL AND STATISTICA  S. SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 4. COLOR OR RACE  SEX. 5. 4. COLOR OR RACE  SEX. 6	5. Single Married, Widowed, or Divorsed (write the word)  Level 7 2 9	16. DATE OF DEATH  17. I HEREBY CERT  That I last saw how and that death occurred The CAUSE OF DEATH  CONTRIBUTORY (Secondary)  18. Where was disease if not at place of death of the confirmed disease (Signed)  *State the DISEASE CAUSES, state (1) M whether ACCIDENTAL	(Month) (Day) (Year)  IFY That I attended deceased from 1929, to provide the state of the state		

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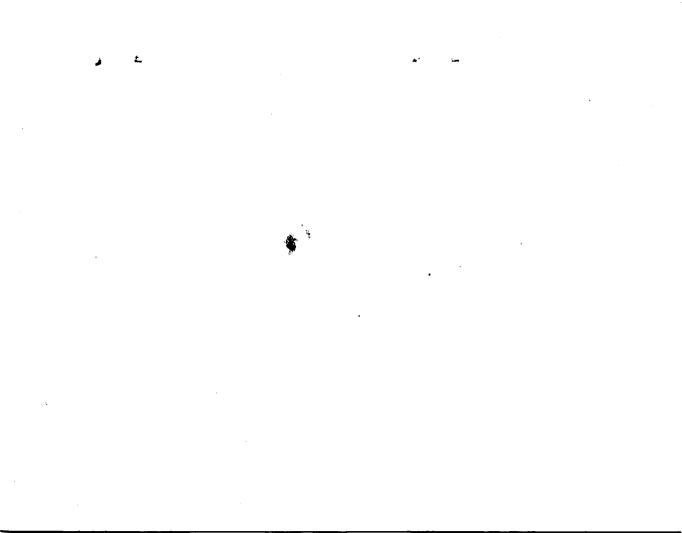
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RECORD be made for STATE OF IDAHO 102BEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No. State File No... (If born in hospital or institution give name.) rim. Registration District No. 1004 .Local Registrar's No. FULL NAME OF CHILD..... mostly stillborn, substitute the word "Stillbirth" for name of Number Legiti-// Date of Sex of Triplet Child birth or other? mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth 700 (a) Born alive and now living 77 and the Born alive but now dead..... Stillborn FATHER PIII. MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State. Color or race Age at last Birthday Color or race Age at last Birthday Birthplace ... Birthplace. (City and State on Country) and State or Country) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was I Still on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. ż



S-4			STATE OF IDAI	HO		
<b>4</b> 8	H	DECEIVED III R	ARTMENT OF PUBLIC	C WELFARE	DO NOT WRITE IN	THIS SPACE
<u>5</u> 5		PLACE OF DEATH JUL 6	192 BUREAU OF VITAL ST	ATISTICS	· · · · · · · · · · · · · · · · · · ·	66904
PHYSICIANS of OCCUPA-	Ċ	ounty of Ada.	CERTIFICATE OF	DEATH	State File No	66384
Ħ#	11	•	Registration District No	2		1.171
~ ~	Ci	ty of Boise.	Primary Registration District	No. 1004	Local Registrar's 1	No.
LY i		1 .	(No. St. Alphons	ma Franttal.	١ .	
ORD ACTL statem		(If death occurre	d in a hospital or institution, give its	name instead of street and	number.)	(
		THE PARTY OF STATE	16a - 3		1/2/	/
DE W	Z.	FULL NAMEShirle	•		$\lambda^{-}$ .	• `\
75.72		(a) Residence. No(Usual place of abode)		St	(If nonresident give city or to	own and State)
P st EZ	L	ength of residence in city or town where des	th occurred. yrs. mos. ds.	How long in U.S., if o	of foreign birth? yrs.	mos. ds.
DING A PERMANENT should be state erly classified. E		PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF DEAT	rh
G ERMA] uld be classifi	8.	SEX 4. COLOR OR RACE	5. Single, Married, Widowed,	16. DATE OF DEAT	Н	
ING PERN should riy clas		Female. White.	or Divorced (write the word) Single.	. #####################################	June 23rd 1929	19
BINDING IS A PE AGE shou	51		J = 11E,1 O •		(Month) (Day)	(Year)
IIND IS A GE rope		a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERT	PIFY, That I attended deceased	I from ,
BIN IS AGE prop				June 23	, 1929, to June	23, 1922
FOR 1 THIS led. A		DATE OF BIRTH (month, day and year)		that I last saw hat	we on Jelen 2	. 3
F. F. F. S. S. S. S. S. S. S. S. S. S. S. S. S.	7.	AGE Years Months	Days If LESS than 1 day,	and that death occurred	d, on the date stated above, at.	m.
VED FO INK—TH supplied. it may bificate.		0 0	min.	The CAUSE OF DEAT	TH* has as follows:	4
RVEI INK- supp it n	8.	OCCUPATION OF DECEASED		min	me one	<u> </u>
		(a) Trade, profession, or particular kind of work	Tone.	***************************************		
四百二十二		(b) General nature of industry,				<b></b>
~ ~ ~ ~ ~	1	business, or establishment in which employed (or employer)		de material de material de la la constante de	(duration)yrs	mosds.
UNFAI UNFAI be car terms, a		(c) Name of employer		CONTRIBUTORY		
		(e) Name of employer		(Secondary)		
MA NLY, WITH ation should TH in plain instruction o	9. BIRTHPLACE (city or town) Boise, Idaho. (State or country)		se. Idaho.	(duration)yrsmos.		mosds.
ctip & A			•	18. Where was disease contracted if not at place of death?		
tring Y,		10. NAME OF FATHER		Did an operation preced	de death? Zo Date of	
PLAINLY aformation DEATH i			. Moody.	Was there an autopsy	, hu	
PLAIN nformat DEAT	13S	11. BIRTHPLACE OF FATHER (city or	town)	What test confirmed di	agnosis?	ndup
7 80°	E	(State or Country)		(Signed)	12 maries El	, м. д.
SITE 1 of in E OF	PARENTS	12. MAIDEN NAME OF MOTHER DO		$6/24/29_{,19}$	(Address) Boiles,	Idaho
WRITE m of i ISE OF	-	Teabel	Benson.			
WRITE item of i AUSE OF		13. BIRTHPLACE OF MOTHER (city of	r town)	*State the DISEASE CAUSES, state (1) M	CAUSING DEATH, or in deat MEANS AND NATURE OF L, SUICIDAL, or HOMICIDA	the from VIOLENT INJURY, and (2)
CA			gen.			L.
	14	Informant Mrs.H.	J. Benson.	19. Place of Burial, Co	remation, or Removal	23/29
Every state		(Address) Se	attle. Wash.	140111011	THE COMPONENTS	20/20 19
₩.E.F.	11		SPA	Wm. MoBratne	DIA	ddrese Ida.
	^	5. Filed 6/26, 1927 W	, N , M ACALO Registrar	Aur. Madrathe	y. Dors	o, tue.
乙烷甲	1 ===		**CR1001UT	·		

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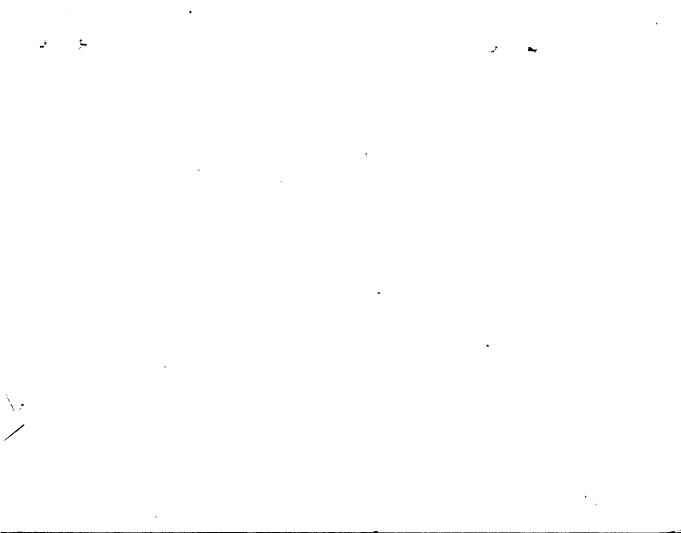
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<u> </u>	PLACE PERTED AUG 5 1929 DEP.	STATE OF IDAHO
D <sub>2</sub>	County of RECEIVED AUG 5 1929 DEP.	ARTMENT OF PUBLIC WELFARE
RECORD be made for	County of B	UREAU OF VITAL STATISTICS
	City of	CERTIFICATE OF BIRTH
2 S	No St.	172753
F #	769 -113 -001 -199 Registration Dis	trict NoState File No
	l chadring a base con de s'a saria a canada a carda a carda a carda a carda a canada a carda a canada a carda a	
<b>5</b> 5.	give name.) Prim. Registrati	on District No 2004 Local Registrar's No.
PERMANENT RETURN must I th stated.	FULL NAME OF CHILD Still be	rth '
E TE		ibstitute the word "Stillbirth" for name of child)
E E E	Sex of 11 Twin Number	Legiti- Date of 7 1.3 29
A P TE R binth	Child or other? of birth	mate?
	(To be answered only in event of plural)	births) (Month) (Day) (Year)
ARA er of	What prophylactic was used to prevent Ophthalmia Ne	onatorum?
PA der	Number of child of this mother, including present birth	(a) Born alive and now living
SEP.	Born alive but now dead	Stillborn Oue
₩ a.E	A FATHER !	FULL MOTHER '
birth a	FULL OF Jorre	MAIDEN /
	NAME OF A BASIS	NAME COOL
T of	Residence (Usual place of abode)	Residence (Usual place of abide)
child nber	If nonresident, give place and State 10. of lower	If nonresident, give place and State
돌중출	Color or race Age at last Birthday 36	Color or race Age at last Birthday
UNFAI one child number	(Years)	Birthplace (Years)
9 ~ 1	Birthplace State of Country)	(City and State or Country)
P E E	Occupation Pour	Occupation
B ± B	CERTIFICATE OF ATTENDI	
LY more	I hereby certify that I attended the birth of this cl	oild, who was Still horn (at / M.
- et 1	on the date above stated.	60-1
	mother was in any sign	nature)
PLA case c	Where there was no attending physicism	ere / Prese
	or midwife, then the father, householder,	(Physician or midwife)
	Late should make this naturn A stillhown	
WRITE B.—In	child is one that neither breathes nor	and - I Helde
Z.	shows other evidence of life after birth. Filed	1/19 1929 W/Thodes
~	,	Registrar.
ļ	li e e e e e e e e e e e e e e e e e e e	•

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RECORD  BEXACTLY, PHYSICIA  Exact statement of OCCUI	PLACE OF DEATH County of Gard City of Gard  2. FULL NAME (a) Residence. No. Jack	ih Jorri	C WELFARE ATISTICS - DEATH S No. 2. 0. 0. 4	DO NOT WRITE IN THIS SPACE State File No	
A PERMANENT should be state rily classified.	Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)		How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH		
BINDING IS A PEI AGE shoul properly cl	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	or Direction (white die word)	17. I HEREBY CERT	7 I3 29 (Month) (Day) (Year)  IFY, That I attended deceased from, 19	
INK—THIS supplied. It it may be I rtificate.	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED		and that death occurred The CAUSE OF DEAT Stillborn	alive on 19, to 19, on the date stated above, at	
MARGIN RESER H UNFADING I ld be carefully in terms, so that n on back of cer'	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)		fetus macer	duration) yrs. mos. ds.	
WIT shou plai	9. BIRTHPLACE (city or town) (State or country)	aise Idaho	_	eath?	
PLAINLY, uformation EDEATH in See instru	11. BIRTHPLACE OF BATHER (city of State or Country)  12. MAIDEN NAME OF MOTHER	Spaine	Was there an autopsy? What test confirmed dis (Signed)	A I I I I A I	
WRITE item of ir AUSE OF important.	12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (city of (State or Country)	Las arriola  proving	*State the DISEASE (CAUSES, state (1) M whether ACCIDENTAL.	CAUSING DEATH, or in deaths from VIOLENT EANS AND NATURE OF INJURY, and (2), SUICIDAL, or HOMICIDAL.	
.—Every d state C is very				emation, or Removal Date of Burial  Linutry 7-15- 1927  Address	
N. B. B. TION	16. Filed ///7 , 1927	Registrar	Serieby 1	ne Caun Bocs Id	

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NG PERMANENT RECORD hould be stated EXACTLY, PHYSICIANS y classified. Exact statement of OCCUPA.	STATE OF IDAI  PLACE OF DEATH  PLACE OF DEATH  County of PANNOCK  City of POCATELLO  City of POCATELLO  (If death occurred in a hospital or institution, give its  2. FULL NAME NEWNOCK  (Usual Pice of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.	DEATH  No. 2/6/ No. 2
Z & Z	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  THE STATISTICAL PARTICULARS  5. Single, Married, Widowed, or Divorced (write the word)  THE STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH    10
RVED FOR INK—THIS supplied.	6. DATE OF BIRTH (month, day and year) JUNE 29,1921	that I last saw h alive on 19 and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
IARGIN RE I UNFADIN d be carefu t terms, so f	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.  CONTRIBUTORY Curpers Clamps's (Secondary)  (duration) yrs. mos. ds.  18. Where was disease contracted
PLAINLY, 'nformation & DEATH in See instru	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  RKANSAW	if not at place of death?  Did an operation precede death?  Date of  Was there an autopsy?  What test confirmed diagnosis?  (Signed):  J. S. Mills, M. D.  (Address)
WRITE WRITE N. B.—Every item of inhould state CAUSE OF ITON is very important.	18. BIRTHPLACE OF MOTHER (city or twn) (State or Country)  SOUR!	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal  **DOUNTAIN VIEW CEMPTERY 6-30 1999  20. Undertaker  Address

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Do not accept a certificate of death signed only by a

de for	Outly of the state	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS				
S A FERMANENT RECORD TE RETURN must be made for birth stated.	No. St. Qn. theny St.  336-205-003, 873 Registration Dist  (If born in hospital or institution give name.)  FULL NAME OF CHILD St. 1160-711.	certificate of Birth  trict No. 28 State File No. 172845  on District No. 2/6/ Local Registrar's No. 23/6  District the word "Stillbirth" for name of child)				
SEPARATION OF OUR OF THE PROPERTY OF THE PROPE	What prophylactic was used to prevent Ophthalmia Neo Number of child of this mother, including present birth!	natorum?				
UNFADING INK- ne child at birth a number of each, ir	FATHER FULL NAME  FATHER FULL NAME  Gen. E. Thomas  Residence (Usual place of abode) Ment pelier  If nonresident, give place and State  Color or race  Age at last Birthday 23  (Years)  (City and State or Country)  Occupation  See See See See See See See See See Se	Stillborn  FULL MAIDEN NAME PS3: E Hask warth  Residence (Usual place of abode) Port Plier Tole  If nonresident, give place and State  Color or race Birthplace City and State or Country  Occupation  MOTHER  MOTHER  Age at last Birthday  22  (City and State or Country)				
KIIE FLAINLY WITHIn case of more than o each and the	I hereby certify that I attended the birth of this chient on the date above stated.  (Sign  *Where there was no attending physician or midwife, then the father, householder,	IG PHYSICIAN OR MILWIFE*				
N. W.E.	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address Filed.	1/ 1924 Myonng.  Beginner.				

STATE OF IDAHO RECEIVED JUL 20 1000 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District RECORD its name instead of street and number. death occurred in a hospital or institution, FULL NAME Residence. No. (Usual place of abode) (If nonresident give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or two where death occurred yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed 16. DATE OF DEATH or Divorted (write the word) (Month) (Year) If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of to\_\_\_\_\_\_\_ 19\_\_\_\_ 6. DATE OF BIRTH (month, day and year that I last saw h\_\_\_\_ alive on\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_\_m. The CAZEE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_\_yrs, \_\_\_mos. \_\_\_ should BIRTHPLACE (city or town Where was disease contracted (State or country) if not at place of death? ... 10. NAME OF FATHER Was there an autopsy? .... 11. BIRTHPLACE OF FATHER (city or What test confirmed diagnosis? (State or Country) (Signed) .... AUSE OF important. 12. MAIDEN NAME OF MOTHE State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city (State or Country state C Date of Burial Informant (Address) Undertaker

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Do not accept a certificate of death signed only by a midwife.

RECORD be made for STATE OF IDAHO **JUL 20** City of City 17286**4** CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No..... State File No. (If born in hospital or institution Prim. Registration District No. Local Registrar's No. 2.2. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet in order or other? Child mate? (To be answered only in event of plural births) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum 🗗 ...... (a) Born alive and now living. Number of child of this mother, including present birth. Born alive but now dead. Stillborn FULL MAIDEN Residence (Usual place of abode)\_\_\_ Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State ge at last Birthday. Color or race (Years) Birthplace and State or Country) Occupation more PLAINLY case of mor I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address ..... shows other evidence of life after birth.

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70 I 3	Pall	****
PA	STATE OF 100A	
	RECEIVED JUL 20 1925 ARTMENT OF PUBLIC PLACE OF DEATH	PATISTICS CATCOLOR
PHYSICIANS	County of CERTIFICATE OF	DEATH State File No. 86803
PH 6	Registration District No	28
. 7	City of Primary Registration District	No. 2161 Local Registrar's No. 3580
ORD ACTLY, statemen	(No. Pregutto	Terral Hartalat
EXACTLY, set statemen	(If death occurred in a hospital or institution, give its	name instead of street and number.)
	2. FULL NAME.	<u> </u>
F Fed X	(a) Residence, No	St. (If nonresident give city or town and State)
NENT I stated ed. Ex	Length of residence in city or town where death occurred. yrs. Inos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
A N ifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G ERMAI uld be classifi	8 SEX 4. COLON OF RACE 5. Single, Married, Widowed, or Disorced (write the word)	16. DATE OF DEATH
OING PERN should rly clas	Mala West Single	(Month) (Day) (Year)
BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced HUSBAND of	17. L HEREBY CERTIFY, That I attended deceased from
	(or) WIFE or	My 20 , 129 , to Nay 30 , 189
FOR THIS ed.	6. DATE OF BIRTH (month and appropriate to the state of t	that I last saw h alive on, 19
1 *** 15	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm.
IVED FOUNK—TI Supplied it may	min.	The CAUSE OF DEATH* was as follows:
RESERVED F DING INK—T efully supplied to that it may of certificate.	8. OCCUPATION OF DECEASED	10 . 8 - 1/ 1
ESI NG E	(a) Trade, profession, or particular kind of work	and the state of t
- ' ' ' '   1 W L	(b) General nature of industry, business, or establishment in	(duration) yrs, mos, ds.
RGIN UNFA be ca erms,	which employed (or employer)  (c) Name of employer	CONTRIBUTORY
	(c) Maine of employer	(Secondary)  (duration) yrs. mos. ds.
M.WITH WITH should plain ction	9. BIRTHPLACE (city or town (State or country)	18. Where was disease contracted
' N F, WITI n shoul in plair	10. AME OF EATHER!	if not at place of death?
	Mist a James	Did an operation precede death? Date of Was there an autopsy?
PLAINLY nformation DEATH	11. BIRTHPLACE OF ATHER city or town	What test confirmed diagnosis?
PL PER PER PER PER PER PER PER PER PER PER	a como de	(Signed) Jall, M. D.
	MAIDEN NAME OF MOTHER	32, 19 (Address) Coertus
WRITE item of i	18. BIRTHY ACE OF MOTHER (chr or fown 4	*State the DISEASE CAUSING DEATH or in deaths from VIOLENT
WRI' item o	(State of Constry of and a Mulaul	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
6 ×0 ×	14. MA 444 21	19. Place of Burial Cremation, or Remoral Date of Burial
2 Fate	Informant Colombia Colombia	Multing Com May 31/29
	(Address)	20. Vindesteker Al a half
ION ION	Filed 3/3/, 1929. Registrar	Z. M. TUCKOU D'Estables
ZaF	V anglist at	

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	IANS	UPA-	·Į	RE
	LY, PHYSICI	ment of OCCI	Ci	ount;
daybad mid	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD em of information should be carefully supplied. AGE should be stated EXACTLY,	ated EXACT	2.	F1 (a
	e st	fied.	-	
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DNI	Shou	·ly c	51	MAJ
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8 S	Z ¥	e pr	6.	DA AG
MARGIN RESERVED FOR BINDING ITH UNFADING INK—THIS IS A PE	ied.	THIS IS A Polied. AGE shoung be properly ate.	7.	AG
VED	UNFADING INA—IT be carefully supplied.	ain terms, so that it may on on back of certificate.	8.	
ER	ה בל	hat	0.	(a)
RES	eful eful	of th		par (b)
Z	Car	as, g		(b) bus wh
\RG	<u>۾</u> 5	ain terms, so to		(c)
M	hould		9.	(S
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	wkille flainli, will item of information should	F DEATH in plt. See instruct	PARENTS	11.
	of ir	OF ant.	PAR	12.
	w K. tem	should state CAUSE OF TION is very important		13.
	ry i	C CA	14	
	-Eve	state s ve		i. Ini (A
	N. B.—Every	should state (TION is very	13	-
	ż	sho TI	-	1.11

1	RECEIVED SEP 1 0 1929	STATE OF IDA	НО		
*	5LI 1 = 1323	C WELFARE	DO NOT WRITE	IN THIS SPACE	
	PLACE OF DEATH	BUREAU OF VITAL ST			
Co	ounty ofCANYON	CERTIFICATE OF	DEATH	State File No	673()
-		Registration District No	,	7 1 Th	88
G	ty ofMELBA	Primary Registration District	No. 2006	Local Registra	r's No
				)	
	(If death occurre	(Noed in a hospital or institution, give its	name instead of street and	i number.)	<b>)</b>
2.	FULL NAME INFANT SOn.	of MR. & MRS. JAMES	S.B. PEIRSOL	20 V	
	(a) Residence. No. MELBA?			•	
т.	(Usual place of abode) ength of residence in city or town where de		How long in U. S., if	(If nonresident give city	
-	ength of residence in tity of town where de	stn occurred. yrs. mos. us.	llow long in O. S., ii	or foreign pirch ; y	rs. mos. ds.
	PERSONAL AND STATISTIC			AL CERTIFICATE OF	DEATH
8.	SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEAT		
	MALE WHITE	or Divorced (write the word)	***************************************	7,25, 1929. (Month) (D	ay) · (Year)
58	a. If married, widowed, or divorced HUSBAND of		15 I HEDDRY OFF		
	(or) WIFE of	<b>44</b> ####	17. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19		
6.	DATE OF BIRTH (month, day and year)	7.25. <b>1</b> 929	that I last saw h		, 19
	AGE Years Months	Days If LESS than 1 day,		ed, on the date stated abov	n et / D P
	0 0	O hrs. or	The CAUSE OF DEA	_	e, atm.
8.	OCCUPATION OF DECEASED	The state of the s	Still	Town.	
		######################################	Intra	ar time	dest.
	(a) Trade, profession, or particular kind of work.	<i>₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽</i>			
	(b) General nature of industry, business, or establishment in			(duration)	yrs mos ds.
	which employed (or employer)		CONTRIBUTORY		
	(c) Name of employer		(Secondary)	1	
9.	BIRTHPLACE (city or town) MF	ELBA ; IDAHO.		(duration)	yrsds.
	(State or country)		18. Where was diseas if not at place of	e contracted	
	10. NAME OF FATHER	D DETENOT	Did an operation prece	<i></i>	of
	JAMES	B. PEIRSOL	Was there an autopsy	<b>7</b>	
TS	11. BIRTHPLACE OF FATHER (city or	· town)	What test confirmed d	izgnosię 2	Z
EN	(State or Country)	NEBR.	Signed)	, soul	, M. D.
PARENTS	12. MAIDEN NAME OF MOTHER	THE	2 6 , 19	26 (Address)	anda,
		ATTIE DORAMUS			
	13. BIRTHPLACE OF MOTHER (city of	r town)	*State the DISEASE CAUSES, state (1)	CAUSING DEATH, or in MEANS AND NATURE L, SUICIDAL, or HOMIC	n deaths from VIOLENT OF INJURY, and (2)
	(State or Country)	KANSAS			
14	Informant lawy	misse	19. Place of Burial, C	remation, or Removal	Date of Burial
	(Address Me	the state	KOHLERLAWN	CEMENTRY	7. 26.1929
18	2 26 26	77/0	20. Undertaker		Address
-	Filed	Registra	FRED.K. ROB	INSON	NAMPA? IDA.

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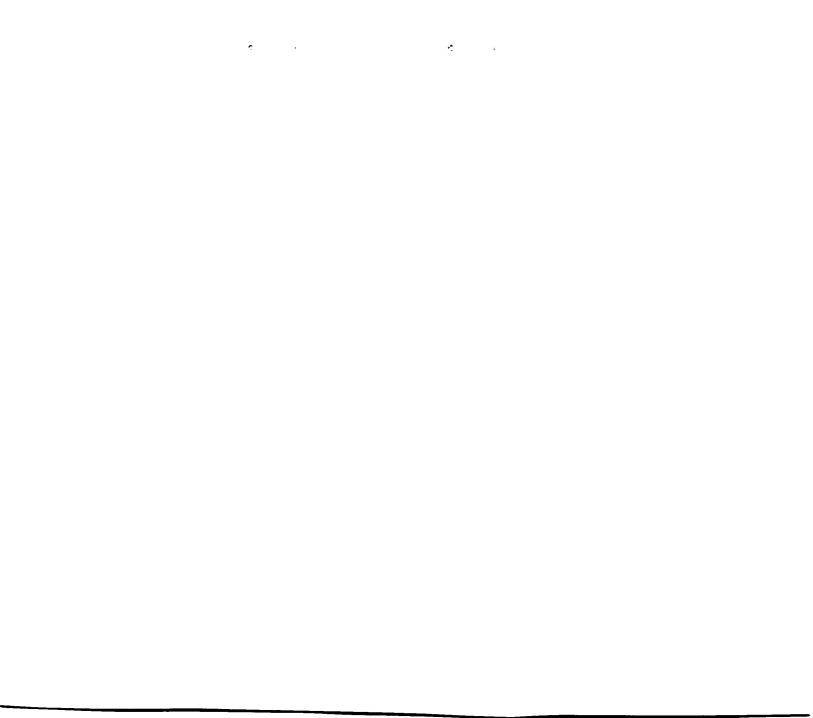
Do not accept a certificate of death signed only by a

**FILE # 173039** 

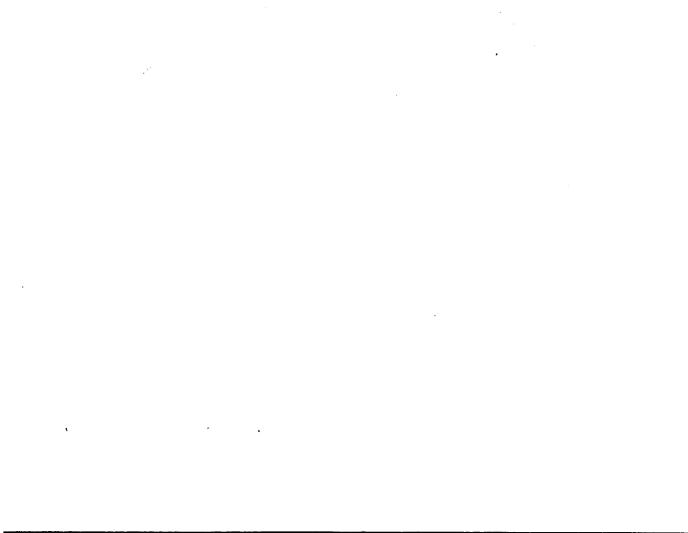
**YEAR 1929** 

## **IDAHO STILLBIRTH CERTIFICATE**

**X** VOID DUP OF STILLBIRTH 1929-172156



	PLACE ON BUTTE ALLO 6 STATE OF IDAHO
	ALLE VELLE A 1070 DED A DEMENTE OF DUDI IC WELL BADE
	BUREAU OF VITAL STATISTICS
	City of Chester CERTIFICATE OF BIRTH
	No
	695211022.695 Registration District No. 17 State File No.
	174 hown in homital or institution
3	give name.) Prim. Registration District No. 2012 Local Registrar's No. 761
•	FULL NAME OF CHILD
3	(If stillborn, substitute the word "Stillbirth" for name of child)
•	Sex of Triplet or other?   and Number   Legiti-40   Date of Old   19 29
	Child temale or other? (To be answered only in event of plural births) mate? (Month) (Day) (Year)
	What prophylactic was used to prevent Ophthalmia Neonatorum?
9	Number of child of this mother, including present birth (a) Born alive and now living
•	Born alive but now dead Stillborn
,	FULL () A - 11 FATHER MADDEN MOTHER THE MADDEN MOTHER
1	NAME OScar Ward Winters NAME Vernie & Winters
•	Residence (Usual place of abode) Chester Residence (Usual place of abode) Chester
•	
3	1// 1//
	Color or race Age at last Birthday Color or race Age at last Birthday
	Birthplace Dansete Co. Wal Birthplace Webu Co. Wah (Tears)
	Occupation Occupation Occupation
!	CERTIFICATE OF ATTENDING PHYSICIAN OR TOWIFE
1	Bor Balive V A 3 C
	I hereby certify that I attended the birth of this child, who was Stillborn at M. on the date above stated.
1	(Signature) J. M. Kell, M. D.
ı	(*Where there was no attending physician)
	or midwife, then the father, householder, (Physician of midwife)
ł	etc., should make this return. A stillborn
j	child is one that neither breathes nor Address Address
	shows other evidence of life after birth.
	Registrar.



<b>.</b>	PLACE OF BIRTH STATE OF IDAHO RECEIVED AUG 3 1020 STATE OF IDAHO
84-	County of County
RECORD be made for	RIPEAU OF VITAL STATISTICS
Ž į	City of ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
품 호	No
~.±	6 1 32 1 0
2 8	79 6.13 C23 3/5 Registration District No. State File No.
NENT N must	(If born in hospital or institution give name.)  Prim. Registration District NoLocal Registrar's No
ERMAN ETURN stated.	
<b>323</b>	FULL NAME OF CHILD.
뙲댬캶	(If stillborn, substitute the word "Stillbirth" for name of child)
224	Sex of Twin Number Legiti- Date of Q
ZE.	Child Mall or other? ) (of birth mate 22 birth 1942.
SET	
	What prophylactic was used to prevent Ophthalmia Neonatorum
PA.	Number of child of this mother, including present birth (a) Born alive and now living
SEP	Born alive but now dead 2 Stillborn and
. a.E	
Z검칙	FILL CO. C. September 47 Co. C. September 47 Co. C. September 47 Co. C. September 47 Co. C. September 47 Co. C. September 47 Co. C. September 47 Co. C. September 47 Co. Septemb
hirth each,	NAME IN WILLIE Trowcocking tay line anning
P at S	Residence (Usual place of abode) Emmet IIII Residence (Usual place of abode)
<b>Z</b> _ *	If nonresident, give place and State If nonresident, give place and State
UNFAD ne child number	11.11.11. 11. 11. 11. 11. 11. 11. 11. 1
2 . 3	Color or race Age at last Birthday A (Years)
	Birthplace Birthplace Birthplace Blushika
문 문 문	Occupation (City and State or Country)  Occupation (City and State or Country)
E##	Control of the second s
ğ e ₹	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
P 20	I hereby certify that I attended the birth of this child, who was Stillborn at 12 M.
S B C	on the date above stated.
N 2	(Signature) Les sold
PL/	(*Where there was no attending physician )
	or midwife then the fother householder
WRITE B.—In	etc., should make this return. A stillborn
₩.	child is one that neither breathes nor Address Imune Sell
<b>E</b> W	shows other evidence of life after high
ż	Filed 5 1929 Lysselds
	Registfar.

A.	The seaton of the six as the same of the s	ATE OF IDAHO
AN SERVICE SER	DEPARTMEN	OF VITAL STATISTICS  D6 NOT WRITE IN THIS SPACE  C C C C C
PHYSICIA	CERTIF	FICATE OF DEATH State File No. 66966
μχ O jo	County of Registration Di	strict No
. E	City of City	ration District No Local Registrar's No
TTL.)	(No	stitution, give its name instead of street and number.)
RECORD EXACTLY, tact statemen	(If death occurred in a hospital or in	
SE EX	2. FULL NAME Sufface	Si fant no name
	(a) Residence. No	St.  (If nonresident give city or town and State)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT should be state erly classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IRM. Id 1 lass	8. SEX 4. COLOR OR RACE 5. Single, Marr or Divorged (wr	ed, Widowed, te the word)
PE PE shou	muy mmy Inf	(Month) (Day) (Year)
BINDING IS A PERMAN AGE should be properly classifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
OR E	6. DATE OF BIRTH (month, day and year)	that I last saw h alive on
FOR 1 -THIS ied. A	7. AGE Years Months Days If L	and that death occurred, on the date stated above, atm.
SERVED FC  NG INK—TE  Ily supplied.  that it may  certificate.	Still Bam	min. The CAUSE OF DEATH* was as follows:
IRVEI INK supi it it p	8. OCCUPATION OF DECEASED	
RESER DING DING Sefully so that		Do not know land
N RES FADIN carefull s, so th	(b) General nature of industry,	had been doud several days
	(c) Name of employer	CONTRIBUTORY Moleculary (Secondary)
<b>₹</b> + 6	la x	(Secondary of Justinary) mos. ds.
MAWITH Would plain	9. BIRTHPLACE (city or town)	18. Where was disease contracted if not at place of death?
r, n in fr	10. NAME OF FATHER LEO Wallun	Did an operation precede death? Date of
Tati THE		Was there an autopsy?
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis?  (Signed)
. <del> </del>	· [] H [	O , 19 (Address) from the
'RIT n of SE C	fay lise l	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRITE item of i	13. BIRTHPLACE OF MOTHER (city of town) (State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every state C	14. Informant Lev W Fromco	19. Place of Burial, Cremation, or Removal Date of Burial
-Every state C	(Address)	un surver tenater 7/91 1949
N. B. hould	1 - 1	20. Undertaker Address
	15. Filed 8 - 2 19 29 JA The	wrotch & Start In

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Cot	PLACE OF unty of Aho	DEATH ncoln zhone (If death occ	Regist Prima (No. urred in a be	CARTMENT OF BUREAU OF VICERTIFICAT Tration District North Registration Cospital or institution	PUBLIC TAL STA TE OF I	WELFARE ATISTICS DEATH -	State File No	67027	<u> </u>
Le	(Usual place	of abode)					(If nonresident give conforming birth?	ty or town and State) yrs. mos. ds.	
1	PERS	ONAL AND STATIS	TICAL PAR	TICULARS		MEDIC	CAL CERTIFICATE O	F DEATH	_
11		4. COLOR OR RA	CE 5. S	ingle, Married, Wide ivorced (write the w	owed, vord)	16. DATE OF DEAT	1	m.,, m/	/.
9	rale	while	$ \mathcal{Q}$	nfant			(Month)	(Day) (Year)	1,
58.	HUSBAND of	€				17. I HEREBY CER			_
6.	DATE OF BIRTH	H (month, day and y	ar) Jun	u 20/	929	that I last saw h.	alive on	, 19	
	AGE Ye	ears Months	Days			and that death occurre	ed, on the date stated a	bove, atrr	n.
		1		# min.		The CAUSE OF DEA	ATH was follows:		
8.							W Jam,		
	(b) General natu business, or estal which employed	re of industry, blishment in (or employer)				CONTRIBUTORY (Secondary)			ls.
9.	BIRTHPLACE ( (State or country	(city or town)	host	hone Id	aho	18. Where was diseas	se contracted	yrsmosde	s.
	10. NAME OF	FATHER W.C.	3 Pe	as		Did an operation prec	eede death?	ate of	
RENTS	(State or Con	untry)	Jebaska Baldo		d de s	What test confirmed diagnosis?  (Signed)		Del Lest.	 D.
A	12. MAIDEN N	AME OF MOTHER	Rear	1 France	- Lace				
			ty or town)	Adaho		*State the DISEASI CAUSES, state (1) whether ACCIDENTA	E CAUSING DEATH, of MEANS AND NATU AL, SUICIDAL, or HO	r in deaths from VIOLEN' RE OF INJURY, and (2 MICIDAL.	T 2)
14. Informant W. B. Pear						19. Place of Burial,	Cremation, or Removal	Date of Burial 6-2/192	- 39
11	· Filogree 2	1 , 19 29		Jule	W ntrar	20. Undertaker	chok St	Address Ide	9
	Con Cit 2. Lee 8. 7. 8. 9. 9. 9.	PLACE OF County of County of County of County of County of County of County of County of County of County of County of County of County of County of County Of County	PLACE OF DEATH  County of City of County of City of County of County of City of County of County of City of County	PLACE OF DEATH  County of Analysis City of Short Prima  (No. (If death occurred in a heart of the country)  Regist Prima  (No. (If death occurred in a heart occurred	PLACE OF DEATH  County of PLACE OF DEATH  County of PLACE OF DEATH  City of Primary Registration District of Primary Registration District of Primary Registration District of Primary Registration (No. (1f death occurred in a hospital or institution (No. (1f death occurred in a hospital or institution (No. (1f death occurred in a hospital or institution (No. (1f death occurred in a hospital or institution (No. (1f death occurred in a hospital or institution of Length of residence in city or town where death occurred. It is married, wild or Divorced (write the variety of the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (write the variety of (1st) or Divorced (1st)	DEPARTMENT OF PUBLIC BUREAU OF VITAL STA  County of Council Registration District No.  Primary Registration District No.  (If death occurred in a hospital or institution, give its no.  (If death occurred in a hospital o	PLACE OF DEATH County of Secondary  City of Secondary  Contributory   PLACE OF DEATH  County of	PLACE OF DEATH  County of June 1929  Registration District No.  Primary Registration District No.  Primary Registration District No.  (If death countred in a hopital or institution, give its name instead of street and number.)  (If death countred in a hopital or institution, give its name instead of street and number.)  (If death countred in a hopital or institution, give its name instead of street and number.)  2. FULL NAME  (a) Residence. No.  (Gland place of slock)  (Gland place	

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Do not accept a certificate of death signed only by a midwife.

JUL 24 1929 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. RECORD OF BIRTH Registration District No.. State File No..... St. Primary Registration District No..... Local Registrar's No..... Hospital (Certificate of no value without full name of child) Number Date of Legitiin order birth..... Child of birth mate? (Mont) (Year) (To be answered only in event of plural births) What bactericidal solution was used in eyes?..... SEP \_Number of child of this mother now living, including present birth Number of child of this mother, including present birth FULL FULL MAIDEN NAME æ NAME each. RESIDENCE RESIDENCE 7 COLOR COLOR number (Years) (Years) OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN more PLAINLY I hereby certify that I attended the birth of this child, who was Still bo on the date above stated. \*When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar.

 $(v_{ij}) = W_{ij} + \cdots + W_{ij}$ 

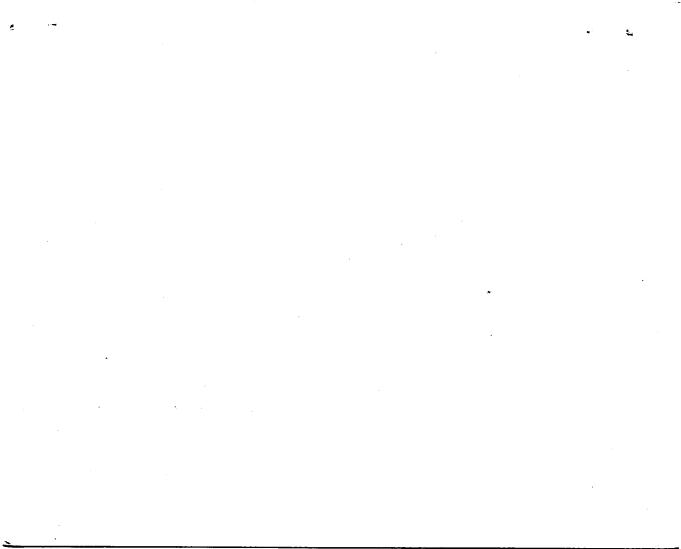
JUL 24 1929 CERTIFICATE OF DEATH STATE OF IDAHO BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIANS should
classified. Exact statement of OCCUPATION is DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No... County of State File No. Primary Registration District No. Local Registrar's No..... If death occurred in a hos-If death occurs Away from pital, institution or camp. usual residence, give facts give its NAME instead of called for under special in-2. FULL NAME street and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWEDOR DIVORCED 16. DATE OF DEAT (Write the) word) (Day) 6. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from 17. (Year) (Dav) 7. AGE IF LESS than 1 day how many K—THIS ed. AGE properly The CAUSE OF DEATH\* was as follows: ls. occupation (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employ-Contributory ed (or employer)...... (Secondary) (State or Count 10. NAME OF on back information should Father \*State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal, 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Ë OF MOTHER Transients or Recent Residents.) 18. BIRTHPLACE In the At place of death.....yrs.....mos......days. State.....yrs.....mos......ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death? ISTRUE TO THE BEST OF MY KNOWLEDGE OF. Former or important. (Informant) usual residence ......

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of use of "Tumor" for malignant neoplasms; Measles: Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock." "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

e for		STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
ENT RECORD must be made for d.	No. St. Registration District Hospital Primary Registration	
PERM RETUI	FULL NAME OF CHILD	no value without full name of child)  Legitimate?  Date of birth
K—THIS IS A	What bactericidal solution was used in eyes?	ber of child of this mother now living, including present birth  FULL MAIDEN HAIDEN HA
one child at birth a finumber of each, in	COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST 76 BIRTHDAY (Years)
rith nan or the n	OCCUPATION Lavorer	OCCUPATION Dehool teacher
WRITE PLAINLY W. B.—In case of more the	I hereby certify that I attended the birth of this chil on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Address  Registrar.	d, who was Stilliver at 140 P. M.  sture Lure) Lord Proposition of Midwife (Physician of Midwife)



- 22	STATE OF IDA	но
VSICIAN OCCUPA	PECEIVED AUG 5 1929 DEPARTMENT OF PUBLIC PLACE OF DEATH BUREAU OF VITAL ST	C WELFARE DO NOT WRITE IN THIS SPACE
SIC CC	·	
PHYS of 0	County of Jetan CERTIFICATE OF	
t of	City of Jefania R.D. Registration District No	Local Registrar's No.
LY, nen	Primary Registration District	No
ECORD EXACTLY, ct statemen	(No(If death occurred in a hospital or institution, give its	name instead of street and number.)
RECORD EXACT	2. FULL NAME	bent 10
≃ _ ஜ	(a) Residence. No.	'St
F age H	(Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
NG PERMANENT hould be state y classified. E		MEDICAL CERTIFICATE OF DEATH
MAI be	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed.	16. DATE OF DEATH
ING PERMA should be rly classifi	or Divorced (write the word)	hely 19 : 1029
Sho Par	Thate White single	(Month) (Day) (Year)
	5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
	1 / 10 1000	, 19, to, 19
FOR THIS ed.	6. DATE OF BIRTH (month, day and year) (seely 19-1949) 7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at. 15 P. m.
SERVED FOR INK—THE SUPPlIED IN SUPPLIED IN	hrs. or	The CAUSE OF DEATH* was as follows:
RVE INK sup t it r	8. OCCUPATION OF DECEASED	
NG I	(a) Trade, profession, or particular kind of work	Shell bench
ARGIN RESE UNFADING be carefully terms, so that on back of ce		Come aufure
A A D	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration)yrsmosds.
RGIN UNFA be ca erms, n back	(c) Name of employer	(Secondary)
4 m m 1 0	77 100	(duration)yrsmosds.
MA WITH should plain iction o	9. BIRTHPLACE (city or town) Laborata R. U. (State or country)	18. Where was disease contracted
. = 2	10. NAME OF PATHER	if not at place of death?  Did an operation precede death?  Date of
TLY tion H j	last Wm Jahnson	Was there an autopsy? No
TE PLAINLY, of information OF DEATH is ant. See insti	11. BIRTHPLACE OF FATHER (city of town) Huntswille (State or Country)	What test confirmed diagnosis?
F. Dig	(State or Country)  Italian  12. MAIDEN NAME OF MOTHER 4	(Signed) A Called, M. D.
of in OF	12. MAIDEN NAME OF MOTHER Heles Je the grand	7/20, 1979 (Address)
WRITE em of i ISE OF portant.	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
2 2 3	(State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~O ~	14. De Letham	19. Place of Burial, Cremation, or Removal Date of Burial
Every state (is very	Informant (Address) Tolonia Dolako	Claren. Idako. 7-20- 1929
, <del>, , , ,</del>		20. Undertaker Address
N. B.	Filed 7- 29- 1929 (Martha Marker Registrar	
ZEF		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Check" "Urecomic," "Weelerses," etc., "here of the college." "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

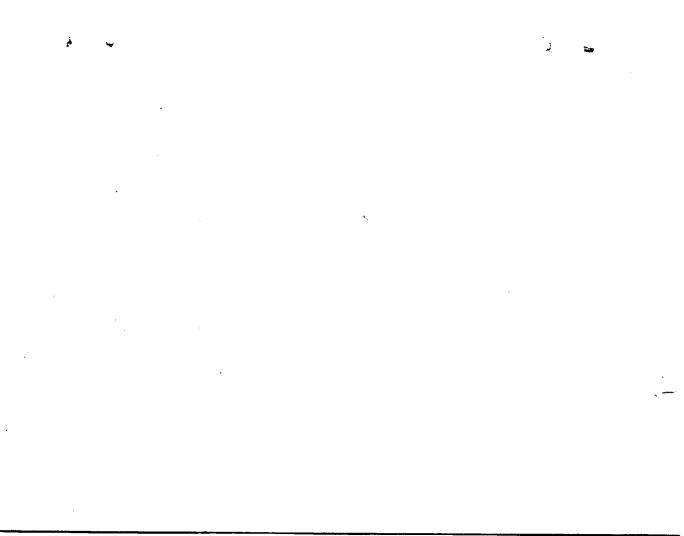
Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

SECURIO WELFARD VITAL STATISTICS CHICATTE ADM. BIRTH LIN SEED NO MERKALT Arthur her Thursdan Militaine . The second Lora miles and not hitry ....... The one alift to killed the have went that will be to and about a white the Time ... centerve (Usual pages of an aller To OL was and State and the contract of the co Corresponding the contract of " A caby conflex that I attended the birth of dispechild, who was a feet but of a atmo-Rong rife diste above stated. to receive your car it of the real come breakly make the - viewer in this factor in the first and the co the second and the region of the second and required think neighborhood too of most of the market from market

	1279/212001/363		
RECORD be made for	PLACE OF BIRTH	STATE OF IDAHO	
94	County of SEP 6 - 1929 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
뜻용			
5 8	City of Que	CODMITTICA MIN OF PARMEY	
	N. CL	CERTIFICATE OF BIRTH	
ه.=	No St.	1 7 2 8 0 0	
三	Registration Dist	rict No. 2 State File No. 1 ( 0 ) 9	
	(If born in hospital or institution	350	
ZZ .	give name.) Prim. Registratio	on District No. /a a /Local Registrar's No. 350	
<b>₹</b> 22	FULL NAME OF CHILD Man Eliza	leth Shoot	
a GE		estitute the word "Stillbirth" for name of child)	
PERMANENT RETURN must I th stated.	Twin ) (Number		
A P TE R birth	Sex of Triplet and in order	Legiti-// Date of // /2	
주 <u>의</u> 첫	Child Temake or other? ) (of birth (To be answered only in event of plural bi	mate? birth (Month) (Day) (Year)	
24.T			
THIS IS A SEPARATE IN order of birth	What prophylactic was used to prevent Ophthalmia Neo	natorum? /	
THIS SEPA order	Number of child of this mother, including present birth	(a) Born alive and now living O	
	Born alive but now dead	Stillborn.	
120	FATHER	FULL MOTHER	
birth berth	NAME W- Walyndle Kenevich o broat	MAIDEN LA Collina	
<u>ت ت ت</u>	Bigar	B = 1 = 6) 1	
e a K	Residence (Usual place of abode)	Residence (Usual place of abode)	
VFADING child at b mber of ea	If nonresident, give place and State	If nonresident, give place and State	
<u> </u>	7	. 0	
UNE.	Color or race Age at last Birthday 21 (Years)	Color or race Age at last Birthday (Years)	
n a G	Birthplace Seotland	Birthplace M onfevista Colo	
	(City and State or Country)	(City and State or Country)	
VITH than d the	Occupation Ynechanic	Occupation A Surelly e	
WITH re than	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.	
an e		Born alive	
2 5 4	I hereby certify that I attended the birth of this chi	ld, who was (Stillborn ) at	
Z 🛴 👸	on the date above stated.		
PLAINLY case of mor each	(Signature) XX A Lusaver [04] pero!		
7 8	*Where there was no attending physician	1 Chimician	
	or midwife, then the father, householder,	(Physician or midwife)	
	detc., should make this return. A stillborn	10 - 2 2)	
_ <u>}</u>	child is one that neither breathes nor Addre	88 Boule Oda	
WRITE B.—In	shows other evidence of life after birth.	9-15-029 11) 7/ K/KALO.	
ź	Filed	Registrar.	
, ,		TACE TOUR OF !	



RECEIVED OFFICE	STATE OF IDAH	IO	<u> </u>
RECEIVED SEP 6 - 1929	DEPARTMENT OF PUBLIC		DO NOT WRITE IN THIS SPACE
PLACE OF DEATH  County of Boise.  (If death occurred)	BUREAU OF VITAL ST.		State File No. 67121
County of Ada.	CERTIFICATE OF 1		State File No.
City of Boise	Registration District No		Local Registrar's No. 212
	Primary Registration District	No	- Ar
(If death occurred	(No. St. Lukes I	name instead of street and	)
(If death occurred  2. FULL NAME			
2. FULL NAME			• • • • • • • • • • • • • • • • • • • •
(a) Residence. No(Usual place of abode)			(If nonresident give city or town and State) of foreign birth? vrs. mos. ds.
Length of residence in city or town where dea	th occurred. yrs. mos. ds.	How long in C. S., if	
PERSONAL AND STATISTICA  8. SEX 4. COLOR OR RACE  Female.  5a. If married, widowed, or divorced			AL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEAT	
Female. White.	Single.	Augui	t 12th 1929 19 (Year)
♥ it HUSBAND of		17. I HEREBY CERT	FIFY, That I attended deceased from
(or) WIFE of	by day 400 400 400 400 400 400 400 400 400 40		, 19, to, 19
6. DATE OF BIRTH (month, day and year)		that I last saw h	_ alive on, 19
7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurre	d, on the date stated above, atm
i i i	O min.	The CAUSE OF DEA	TH* was as follows:
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months  O O O  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work			
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	None.	\ \frac{1}{3}\lambda	ill bross
(b) General nature of industry.			(duration) yrs, mos. ds
		CONTRIBUTORY	
(c) Name of employer		(Secondary)	
5 9. BIRTHPLACE (city or town) Box	se Idaho.		(duration)yrsmosds
(State or country)		18. Where was diseas if not at place of	e contracted death?
10. NAME OF FATHER		Did an operation prece	ede death? Date of
10. NAME OF FATHER  ROX S  11. BIRTHPLACE OF FATHER (city or (State or Country)	prost.	Was there an autopsy	
11. BIRTHPLACE OF FATHER (city or (State or Country)	town)	What test confirmed d	R Riegnai
S S	cetland.	(Signed)	(Address) Boise, Idaho
12. MAIDEN NAME OF MOTHER	ollins.	<b>52.5.54.5.52</b> , 19	(Address) AMMEN AMM
18. BIRTHPLACE OF MOTHER (city of (State or Country)	==: ' ',	*State the DISEASI	CAUSING DEATH, or in deaths from VIOLENT
12. MAIDEN NAME OF MOTHER COLUMN (State or Country)	ta Vista Colo.	whether ACCIDENTA	CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2 L, SUICIDAL, or HOMICIDAL.
	1	19. Place Tambe	Cremit Programme Date of Burial
₩ P	Tanka	Kholerlawn	6 /-4 /66
	Idaho.	20. Undertaker	Address
Filed 8-13, 1929	N. Registrar	Wm. McBratne	y/ Boise,Ida.
<b>45</b> F	ivegiatiai	<u> </u>	

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having and quate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO be made for RECORD DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ANENT RN must 1 Registration District No... (If born in hospital or institution give name.) rim Registration District No.....Local Registrar's No..... FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Male Date of Legiti/ Triplet in order birth or other? mate The (To be answered only in event of plural births) (Month) SEPARATION of 1 What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth... Born alive but now dead\_\_\_\_\_ Stillborn **.**5 FULL birth each. FULL MAIDEN NAME .. Residence (Usual place of abode) .... Residence (Usual place of abode) one child number o If nonresident, give place and State If nonresident, give place and State. Age at last Birthday\_ Color or race Color or race Age at last Birthday Birthplace Birthplace. and State or Country) (City and State or Country) Occupation Occupation and th more PLAINLY case of mor I hereby certify that I attended the birth of this child, who was LSt born each on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) WRITE B-In or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

PLACE OF BIRTH Received Aug. 24- STATE OF IDAHO RECORD be made for County of Bonneville OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Idaho Palls, Idaho. CERTIFICATE OF BIRTH No 168 213 0'0' 468 St -THIS IS A PERMANENT SEPARATE RETURN must order of birth stated. Registration District No. 73 State File No. 3. Hospital (If born in hospital or institution Prim. Registration District No. 3150 Local Registrar's No. 304 give name.) FULL NAME OF CHILD Stillborn. Moyer, (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of July 3 Sex of Legiti-/ Triplet in order female mate? NO Child or other? of birth (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? None (a) Born alive and now living. Number of child of this mother, including present birth. Born alive but now dead..... Stillborn FATHER MOTHER FULL each, MAIDEN Alberta Moyer. FULL NAME Residence (Usual place of abode) LUCOn, Idaho. Residence (Usual place of abode). If nonresident, give place and State If nonresident, give place and Sitte. white ...Age at last Birthday Age at last Birthday. Color or race. (Years) daho. Ucon. Birthplace . Birthplace Occupation Ouse Sill State or Country) (City and State or Country) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR KILL WIF PLAINLY case of mor I hereby certify that I attended the birth of this child, who was Silling on the date above stated. (Signature) \*Where there was no attending physician Inaile ralphinian ithinge or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. ż

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is is	FORM V. S. No. RECEIVED JUL 9 1929 BIFICATE O	F DEATH ,	STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE
Pon	1. FLACE OF DEATH	<b>7</b> .	BUREAU OF VITAL STATISTICS.
	County of Some Primary Registration District No.	/	tate File No. 0001
BINDING IS A PERMANENT RECORD should be stated EXACTLY, PHYSICIANS should classified. Exact statement of OCCUPATION is	City of Car	Nt.)	ocal Registrar's No.
	If death occurs away from usual residence, give facts		If death occurred in a hospital, institution or camp,
	called for under special in-	w	give its NAME instead of
E E	formation. 2. FULL NAME.	1	street and number.
ECO T.Y,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL (	CERTIFICATE OF DEATH
B. C. T. B. F. F. F. F. F. F. F. F. F. F. F. F. F.	8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED	16. DATE OF DEATH	
EX	temple white	\(\frac{1}{2}\)	uly 3 1029
E S C	(Write the word)	(M	onth (Day) (Year)
stat. Ex	6. DATE OF BIRTH	17. I HEREBY CE	RTIFY, That I attended deceased from
<b>25</b> 25	July 3 1929	7/3	19 = 9 to 7/3 1929
DIIN Ild Siff	(Month) (Day) (Year)	that I last saw h a	
SIN Shot shot	7. AGE  IF LESS than 1  day how many		on the date stated above, at
	Mill by hrs. or	The CAUSE OF DEATH	• • •
ED FOR 1 K—THIS led. AGE properly	Yrs Mos ds min.?	Remo	ture separation
e jage	8. OCCUPATION	DA	Cocentra
RVE INK Pplie be 1	(a) Trade, profession or particular kind of work		
Supposed Sup	(b) General nature of in- dustry, business or estab-	/70	
A BESE ADING fully suj it may iffcate.	lishment in which employ-	· (	(m)yrs,mesds.
EGIN RESERVED UNFADING INK— carefully supplied. that it may be pro- certificate.	ed (or employer)	Contributory (Secondary)	I of months
	9. BIRTHPLACE (State or Country) down y alls	(Durat	ight most ds.
WALTE PLAINLY, WITH Iftem of information should be of DEATH in plain terms, so it. See instructions on back of	10. NAME OF 9	/ (Signed)	M. D.
WI TIMS	Father	13.19.2.9 (Kiddress	John Jales
sho on tel	11. BIRTHPLACE 9		using Death; or in deaths from Violent
IN HERE	(State or Country)	Causes, state (1) Means Suicidal of Homicidal.	of Injury; and (2) whether Accidental,
PLAINLY rmation s in plain uctions of	12. MAIDEN NAME Aberla Moyer	18. LENGTH OF RESI	DENCE (For Hospitals, Institutions,
F F F F F F F F F F F F F F F F F F F	18. BIRTHPLACE	Transients or Re	cent Residents.) In the
WRITE a of inf DEATH See inst	OF MOTHER	of death yrs. mos	days. State yrs mos. ds.
WR. DE.	(State or Country)  14. THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of death	
. Off	we have is the classe of mi knowledge	Former or	va Idano
Every CAUSE importan	(Informant)	usual residence	
E PACE	(Address)	19. PLACE OF BURIA	OR REMOVAL DATE OF BUBIAL 19
Ke			
N. B. state	Filed Local Registres	20. UNDERTAKER	ADDRESS
F1 80 PC	hincut tregisman	1 Corec	l l

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor. Architect. Locomotive engineer. Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified. is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental." "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

PLACE OF STATE OF IDAHO 10 EPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No..... Registration District No...... (If born in hospital or institution Prina Registration District No. 7/5 Local Registrar's No. 2.24 give name.) FULL NAME OF CHILD (If stillhorn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child M or other? of hirth mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? ...... Number of child of this mother, including present birth... Born alive and now living Stillborn Born alive but now dead\_ FATHER MOTHER FULL birth each. MAIDEN NAME ... Residence (Usual place of abod) Roman Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Age at last Birthday 3 Age at last Birthday\_ Color or race. Color or rac Birthplace... and State or Country) (City and State or Country) Occupation .. Occupation CERTIFICATE OF ATTENDING PHYSICIAN more I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.

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CERTIFICATE OF BIRTHE SPRINTER NO VIETNAME PRINTER IN A MENTAL PROPERTY. t becarby earlify that I attended the first of this chief who when the bother aroth state sist coll The first of the professional and the second of the first

PA.	RECEIVED AUG 12 1929 STATE OF I	
VSICIA	PLACE OF DEATH BUREAU OF VITAL	I DO NOI WRITE IN THIS SPACE I
	County of Boundary CERTIFICATE C	OF DEATH State File No. 67235
PHY:	Registration District No.	21 -
ent, √	City of Berry Registration Dist	rict No 3116. Local Registrar's No
RECORD ; EXACTLY, act statemen	(No(No. et al. a) (No. et al.	······)
RECORD EXACT ract state	A 1 1.1/1	· · · · · · · · · · · · · · · · · · ·
REC Eact		······································
Ex Ex	(a) Residence. No(Usual place of abode)	(If nonregident give sity on town and Chat-)
NG PERMANENT hould be state y classified. E	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
MA) be	PERSONAL AND STATISTICAL PARTICULARS  8. SEX // 4. COLOR OR RACE   5. Single Married Widowed	MEDICAL CERTIFICATE OF DEATH
Clark Clark	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
DING A PERMAN should be erly classifie	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN IS A P AGE sho properly	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day and year) Ful. 3 - 1924	, 19, to, 19
FOR THIS ed. 4	7. AGE Years Months Days If LESS than 1 de	that I last saw h alive on , 19 and that death occurred, on the date stated above, at , m.
_   ∷⊟ ਕਹੇ	hrs.	or The CAUSE OF DEATH* was as follows:
RESERVED DING INK— efully suppl so that it m of certifica	8. OCCUPATION OF DECEASED	
S NG E	(a) Trade, profession, or particular kind of work	Challeta Distase (fibrono)
RGIN RESE UNFADING be carefully erms, so tha back of ce	(b) General nature of industry, business, or establishment in	
Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca C	which employed (or employer)	(duration)yrs,mos,ds.
<b>~</b> +> 5	(c) Name of employer	CONTRIBUTORY (Secondary)
	9. BIRTHPLACE (city or town) Bomms 7 My, JM	(duration) yrsmosds.
달 유 젊	. (State or country)	18. Where was disease contracted if not at place of death?
NLY, ation I'H in instru	10. NAME OF FATHER Jackson R. Wille	Did an operation precede death?
	22 11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?  What test confirmed diagnosis?
PLAI nform DEA' See	(State or Country)	(Signed) M. D.
	12. MAIDEN NAME OF MOTHER	3/3/, 1929 (Address)
WRITE item of i AUSE OF important	18. BIRTHPLACE OF MOTHER (city or town)	*Chate the DIGWAGE CATIGING DELATIVE
iii Att	(State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every itate C	14. Informant D. R. Miller	19. Place of Burial, Cremation, or Removal Date of Burial
Ever state is ver	(Address) Bonness Fum. Ide.	Bonners France Ide 2 de 2 1029
	15. 1/2/08 SET	20. Undertaker Address
N. B.	Filed 2 , 1929.	J.R. Willes Bonnen Lung O

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"): Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

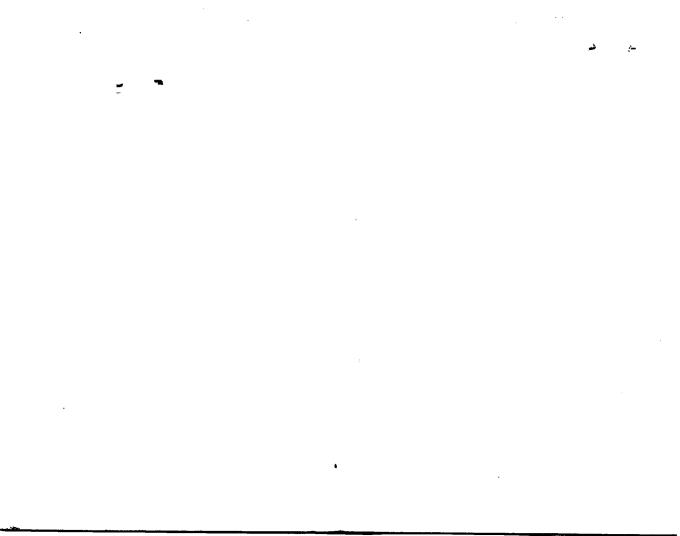
statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

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PLACE OREGENVED AUG 12 1929 STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE County of Carry BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 173896Registration District No..... State File No. (If born in hospital or institution 2005 Local Registrar's No. 1 Prim. Registration District No... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet has in order birth of birth or other? mateW Child (To be answered only in event of plural births) Month ) What prophylactic was used to prevent Ophthalmia Neonatorum?..... SEPAF (a) Born alive and now living Number of child of this mother, including present birth. Stillborn. Born alive but now dead .... FATHER FULL each. FULL MAIDEN Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State Color or race Color or rac Birthplace Birthplace (City and State or Country) (City and State or Country Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE more I hereby certify that I attended the birth of this child, who was a Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) WRITE B.—In or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO RECEIVED AUG 1 2 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH Registration District No..... Local Registrar's No.... Primary Registration District No. 2003 stated EXACTLY, A PERMANENT RECORD 2. FULL NAME. (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, 8. SEX COLOR OR RACE should or Divorced (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) than I day. Months Days 7. AGE Years and that death occurred, on the date stated above, at \_\_\_\_\_\_m. may certificate. The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) termi CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_vrs. \_\_\_mos. should plain of information should OF DEATH in plain ant. See instruction 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? Did an operation precede death 10. NAME OF FATHER Was there an autopay? What test confirmed diagnosis 11. BIRTHPLACE OF FATHER (city or town (State or Country) important. 12. MAIDEN NAME OF MOTHER y item o State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial state Informant (Address) 2 Address 20. Undertaker

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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sequences (e. g. sepsis, tetanus) may be stated under the

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

head of "Contributory."

RECORD be made for STATE OF IDAHO SFP 1 0 1929 EPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No. State File No..... (If born in hospital or institution Prim. Registration District No. 100 6 Local Registrar's No. 205 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child Twin Number Date of Sex of Legiti-Triplet in order birth Child or other? mate? 4 (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth... \_\_\_\_ (a) Born alive and now living. Born alive but now dead Stillborn MOTHER FULL MAIDEN NAME ... NAME Residence (Usual place of abode) child If nonresident, give place and State. If nonresident, give place and State. ..Age at last Birthda Birthplace . Birthplace (Gity and State or Country) ty and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PLAINLY case of mor I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, Physician con WRITE etc., should make this return. A stillborn child is one that neither breathes nor Address ..... shows other evidence of life after birth. Registrar.

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A-A	STATE OF IDA	HO 0H
₹ď	DEPARTMENT OF PUBLIC	DO NOT WHILE IN THIS STROET
PHYSICIAN	PLACE OF BEATH 9 1929 BUREAU OF VITAL ST	63278
YS	County of Carryon CERTIFICATE OF	DEATH _ State File No
of BH	Registration District No	. Local Registrar's No
. 7	City of Primary Registration District	No
C III	(No. mercy)	tospilal )
ORD ACTLY, statemen	(If death occurred in a hospital or institution, give its	name instead of street and number.)
RECORD EXACTLY, tact statemen	2. FULL NAME Baley milledan	· · · · · · · · · · · · · · · · · · ·
E - X	(a) Residence. No.	St.
rate	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
NG PERMANENT hould be state y classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING PERMAN should be iy classifi	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH
유민원	or Divorced (write the word)	march 19th 1929
DIN(A P. Bho erly	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING IS A PE IGE shou properly o	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
		, 19, 19, 19,
FOR THIS ed.	6. DATE OF BIRTH (month, day and year) Warely 19-19-19-19-19-19-19-19-19-19-19-19-19-1	that I last saw h alive on, 19
ED FC IK—TE pplied. may icate.	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm.
NK—1 INK—1 supplie it may	min.	The CACSE OF DEATH: was as follower and a second
Z	8. OCCUPATION OF DECEASED	The Manual Comment
SSEE NG Illy that	(a) Trade, profession, or particular kind of work.	ale en desert
REDIUM DIN	(b) General nature of industry, business, or establishment in	(duration) yrs, mos, ds,
GIN NFA Car ms, s	which employed (or employer)	
ARGIN RESE UNFADING be carefully terms, so that	(c) Name of employer	CONTRIBUTORY (Secondary)
<b>4</b> # # <b>™</b>		(duration)yrsmosds.
MA FLAINLY, WITH formation should DEATH in plain See instruction	9. BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted if not at place of death?
i a E	10. NAME OF FATHER TO THE PROPERTY OF THE PROP	Did an operation precede death?
PLAINLY nformation DEATH i	The state of the s	Was there an autopsy?
E EAT	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
2	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER 0	(Signed)
TE OF	2 12. MAIDEN NAME OF MOTHER	3 -19 , 1929 (Address Monipa) John
WRITE m of i ISE OF portant.	Golden Jordan	*State the DISEASE CAUSING DEATH or in deaths from VIOLENT
WRITE item of i	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
*O *		19. Place of Burial, Cremation, or Removal   Date of Burial
-Every state C is very	14. Informant Robert J. Miles.	1.) . D D . O
E ST. ST.	(Address) Nampa, III. ho	ronceraun-Mampa 3-19 "-
S. B. S. S. S. S. S. S. S. S. S. S. S. S. S.	15. Filed 19	20. Undertaker Address
ZAL	Registrar	In Dilamin Jampa, 124

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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

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Do not accept a certificate of death signed only by a midwife.

Registrar.

and the second s

r RECORD ed EXACTLY, PHYSICIANS Exact statement of OCCURA-	County of CAO CIT death occurred in a hospital or in  2. FULL NAME BOLEAU NOT NAME  (a) Residence. No.	Local Registrar's No. 92.  Stitution, give its name instead of street and number.)
NEN. stat	(Usual place of abode)  Length of residence in city or town where death occurred. yrs	(If nonresident give city or town and State) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT should be state erly classified. E	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Marrior Divorced (wr	tenthe word)
BINDING IS A PE AGE shou	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from  Aug / 7 , 19 29 , to Aug / 7 , 19 2 9
SR J	6. DATE OF BIRTH (month, day and year) 13 7. AGE Years Months Days If LE	that I have saw it alive on 19
RESERVED INK—refully supplies that it may of certificat	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	min. The CAUSE OF DEATH* was as follows:  (duration) yrsmosds.
<b>≤</b> ## <b>-</b>	(c) Name of employer	CONTRIBUTORY (Secondary)  (duration) yrs, mos, ds.
MAWITH WITH Should plain ction	9. BIRTHPLACE (city or town) Orofins (State or country)  10. NAME OF FATHER	18. Where was disease contracted if not at place of death?
NLY, WITI ation shoul TH in plain instruction	10. NAME OF FATHER  C.E. Heagy	Did an operation precede death? Date of Was there an autopsy?
PLAII forms DEAT	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER  13. MAIDEN NAME OF MOTHER	What test confirmed diagnosis?  (Signed) M. D.
WRITE em of i JSE OF portant.	11000000	
ite im	13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every state C.	14. Informant C. C. Jeagy (Address) (Cdoling	19. Place of Burial, Cremation, or Removal Date of Burial
N. B. should TION		Registrar  20. Undertaker  Address  CL  Registrar

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head of "Contributory."

## CEIVED OCT 14 1929

DIVISION OF VITAL STATISTICS

## PUREAU OF VITAL STATISTICS

C.K.MACEY SPECIAL AGENT. SEP 2 1 1929

Boise, Idam

174014

Mrs. Chas. C. Heagy

BIRTH REGILTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT.

DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE GERTIFICATE.

Orofino. Idaho

Dear Madam: -

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

Ma		145 Atradu
FULL NAME OF CHILD	htle agm	1 6009
PLACE OF Orofino BIRTH	DATE OF Aug. 19	SEX OF CHILD Female
<ol> <li>Number of children born</li> <li>Number born alive and n</li> <li>Born alive but now dead</li> </ol>	ew living	ding present birth
4. Number of children stil	Iborn	
(P	lease write plainly()	
Information with referenc	e to	Information with reference to MOTHER
Carsino Eneret	Heary Miss 81	mitte agressor
Orofin Jolahi		(Fill Majden name)
(Residence)  Age at last birthday 3	Age at 1	ast birthday 28
Onthride MM	in )	(Birthplace)
(Occupation)		

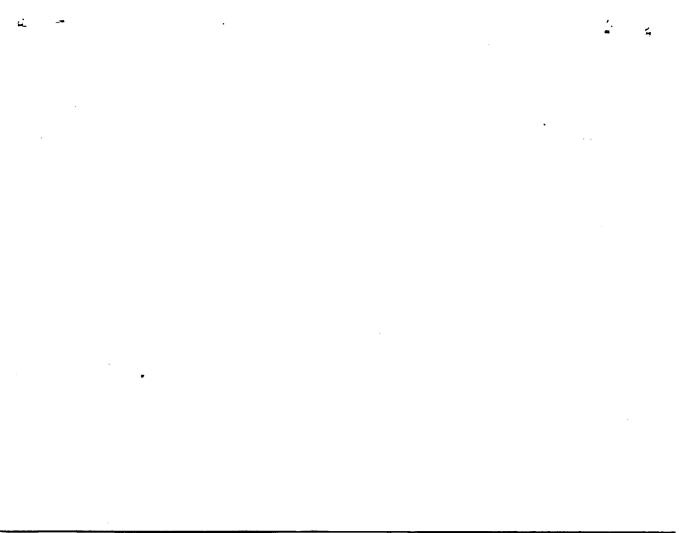
Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely Yours, R. Macey.

Special Agent, Bureau of the Census.

RECEIVED AUG 12 1029 STATE OF IDAHO DEPARTMENT PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS BIRTH must State File No. Registration District No..... (If born in hospital or institution Prim. Registration District No. 2020 Local Registrar's No. give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child or other? mate 20 (To be answered only in event of plural births) Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum Number of child of this mother, including present birth... (a) Born alive and now living Stillborn Born alive but now dead. MOTHER FULL each. MAIDEN Residence (Usual place of abode) Residence (Usual place of abods one child If nonresident, give place and State If nonresident, give place and State Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* of more I hereby certify that I attended the birth of this child, who was (Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

WRITE



(EATH	1. FORM V. S. No. 5-25 M. 1-19 DUL 12 1929 CERTIFICATE OF DEATH  1. PLACE OF DEATH  3. 44 BOARD OF HEALTH		
F D	Registration District No	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
SE O	7 / 7	St.) Registered No	
ate CAUS	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME.	If death occurred in a hospital, institution or camp. give its NAME instead of street and number.	
ild st ictior	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RECORD IANS shou See instru	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  (Write the word.)	16. DATE OF DEATH	
ENT IYSIC rtant.	6. DATE OF BIRTH	(Month) (Day) (Year)	
ERMANE CTLY, PH	Merry 6 1929. (Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended deceased from	
DING A 1 EXA N is	7. AGE IF LESS than 1 day how many	that I last saw h alive on	
IS IS	Yrsds. ormin.?	and that death occurred on the date stated above, at	
FOR 1 THIS be ata	8. OCCUPATION	The CAUSE OF DEATH* was as follows:	
i l eŭ	(a) Trade, profession or particular kind of work	Stillborn -	
MARGIN RESERVED ITH UNFADING INK- IS supplied. AGE shoul Exact statement of O	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)		
	9. BIRTHPLACE	(Duration) Yrs, mos, ds.	
	(State or Country)  10. NAME OF FATHER  7 Lodg 5 -	(Secondary) (Duration) yrsmosds.	
INLY, WIT be carefully classified.	11. BIRTHPLACE OF FATHER (State or Country)  Adalw.	(Signed) M. D. L. 201929 (Address) MMIN Joine Ha	
PLA ould perly	12. MAIDEN NAME OF MOTHER	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
WRITE lation sh	18. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  At place In the	
nfer H m	(State or Country) adams	of desthyrsmosdays. Stateyrsmosdays  Where was disease contracted	
a of i	(Informant) A Lodg 2	if not at place of death?	
, item	(Address) 217 Janu 2dalia	usual residence	
B.—Every it plain terms,	15. O. M. 2 20 Million	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
N. B.	Filed 19 Igcal Registrar symptyonk co., PRINTERS & SINDERS, BOISE 51088	20. UNDERTAKER  - Sceller Mt Hom	

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PERMANENT RECORD RETURN must be made for the stated. County City of No. Regi (If born in hospital or institution give name.) Print FULL NAME OF CHILD. —THIS IS A PI SEPARATE RE n order of birth Twin Sex of Triplet and Child J or other? (To be answered only in ev What prophylactic was used to prevent Oph order Number of child of this mother, including present bi Born alive but now dead. FATHER birth each. at of one child number Birthplace the WITH than Occupation and CERTIFICATE ( case of more PLAINLY each I hereby certify that I attended the bir on the date above stated. \*Where there was no attending physicia: WRITE B.—In c or midwife, then the father, householder etc., should make this return. A stillborn child is one that neither breathes no shows other evidence of life after birth ż

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stration Dist	rict No. 23		State File N	i <del>d. 1</del> U	40
2 Registratie	n District No	202	Local Reg	istrar's No.	
Till				,	
If stillborn, sub	stitute the word "S	Stillbirth"	for name of	child)	
umber	Legiti-	Date o	t /	3 /	- 4
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ne_	Stillborn	n	?		
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/	If nonresident, gi	ve place :	and State		
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BEREAU OF VICAL STATISME CERTIFICATE OR BIRT Prim Real tration District No. 2. C. Look FRITE NAME OF CHILD. Triple -rad in order localities and of the control What prophylactic was used to arryent Ophthalmin Sconatorum? modifies ... E has composed and strate from the state of Birthphice (City and State of Country), (City at L. Satoror Country) Occupation CENTIFICATE OF ATTENDING PHYSICIAN OR MEWITE. hereby certify that I attended the birth of this child, who was ( Stillourn ) at ...... on the date above stated. (Figuature) .... Where there was no attending physician (Physisian on inidicide) or midvaile, then the father, householder, etc. should make this return. A stillborn shild is one that neither breathes nor shore other evidence of life ther birth.

RECORD d EXACTLY, PHYSIC, dect statement of OCCU	STATE OF IDAI  PLACE OF DEATH  County of City	C WELFARE CATISTICS DEATH State File No
[AN] be gaified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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R BIN IIS IS AGE AGE	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month division of the large o	17. I HEREBY CERTIFY, That I attended deceased from  AMA: 25 , 1924 , to Amy: 26 , 1929  that last saw has alive on Amy: 15 1925 and that death occurred, on the date stated above, at 2 30 6 m.
SSERVED FONG INK—THIS SUPPLIED. IT MAY IT MAY IT WAY I CERTIFICATE.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.	The CAUSE OF DEATH* was as follows:
RGIN REUNFADI be carefuerms, so	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.  CONTRIBUTORY Month wity (Secondary)
MA WITH Should plain iction	9. BIRTHPLACE (city or town) fly forces Idalia	(duration)mosds.  18. Where was disease contracted if not at place of death?
tLY, tion s'H in instru	10. NAME OF FATHER R- Bowden	Did an operation precede death? Date of Was there an autopsy?
MA nformation should DEATH in plain See instruction o	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  A 12. MAIDEN NAME OF MOTHER	What test confirmed diagnosis? (Signed) W. Hows, M. D.  Mu. 29 1929 (Address) Humi's Finn
WRITE m of ir ISE OF portant.	Mua Day	- John O
V imp	13. BIRTHPLACE OF MOTHER (city or top) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
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N. B should TION	15. Filed 9-29, 1929 Mrs. Mary Jubbion	20. Undertaker Bowden Sleving Ferry St

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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Do not accept a certificate of death signed only by a midwife.

PLACE BIRTHO SFP 6 STATE OF IDAHO RECORD be made for PUBLIC WELFARE DEPARTMENT OF County of. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. -THIS IS A PERMANENT SEPARATE REFURN must order of birth stated. Registration District No.... ....State File No..... (If born in hospital or institution Prim. Registration District No. 20.2.1 Local Registrar's No..... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of A Logiti-Triplet in order and 🖥 birth Child or other? of birth (To be answered only in event of plural births) ... (a) Born alive and now living. Number of child of this mother, including present birth... Stillborn.... Born alive but now dead... MOTHER FULL MAIDEN Residence (Usual place of about) If nonresident, give place and State. If nonresident, give place and State Age at lest Birthday. Birthplace Birthplace and State or Country City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was I Stillbern PLAINLY on the date above stated. \*Where there was no attending physician nysician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar.

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AP.			- v /	DEPARTMEN			DO NOT WRITE	IN THIS SPACE	
55		- PLACE O	F DEATH		OF VITAL ST.		Commence of the contract of th		
1 <u>8</u> 20	~	60	20.000	CERTIF	ICATE OF 1	DEATH	State File No.		
E to		ounty of	$\sigma \tau$	Registration Dis	trict No	53			
# # H	Ci	ty of JUL	mis terry	· Primary Registr	ation District	No. 2021	Local Registra	r's No	
LY me	i						1 1.		
at de la la la la la la la la la la la la la			(If death occur	red in a hospital or ins	titution, give its	name instead of street and	number.)		
XA 8t		THEFT DEADS	E Baby	Wixon			No.		
ENT RECORD stated EXACTLY, PHYSICIAN d. Exact statement of OCCUPA	Z.	FULL NAM	7.7	enns Ferry			·		
T. Ed.	ì	(Usual place	e of abode)	•		4	(If nonresident give city	or town and State)	
eta d.	I.	ength of residence	in city or town where	leath occurred. yrs.	mos. ds.	How long in U. S., if	of foreign birth? yr	s. mos. ds.	
NG PERMANENT hould be stated y classified.	H	PER	SONAL AND STATIST	ICAL PARTICULARS		MEDIC	AL CERTIFICATE OF I	DEATH	
KM.	3.	SEX	4. COLOR OR RAC	E 5. Single, Marrie	d, Widowed,	16. DATE OF DEAT			
ING PERN should rly clas	ļi.	Male	White	or Divorced (writ	e the word)		August (Month) (Da	27 29 19 (Year)	
E P E	58	a. If married, wie	dowed, or divorced						
BINI IS / IGE Prope		HUSBAND (or) WIFE		-		17. I HEREBY CERT	FIFY, That I attended dec		
				, August 2	7. 1929		, 19 to		
FOR THIS led. Any be 1			TH (month, day and year Years Months		SS than 1 day,		alive on		
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ED TK-	-			/	min.	The CAUSE OF DEA			
RESERVED FOUNCE INK—THE efully supplied to that it may of certificate.	8	. OCCUPATION			:	STILLBORN			
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RGIN RESE UNFADING be carefully erms, so that n back of cer		(b) General na	ture of industry,				(duration)	rra mos de	
FA Car		business, or est which employed	ablishment in l (or employer)			i			
UNFA UNFA be cal terms,		(c) Name of	employer			(Secondary)			
			G	lenns Ferry	7		(duration)	/rs ds.	
MA NLY, WITH ttion should I'H in plain instruction o	9	<ul> <li>BIRTHPLACE (State or count</li> </ul>	(city or town)			18. Where was diseas	e contracted death?		
, V		10. NAME OF	KATHER.			-	ede death?		
R Hior LY	ii		Sim Wixon			Was there an autopsy			
PLAINLY information DEATH i	S	11 BIRTHPL	ACE OF FATHER (city	or town) Livery,	Ida	What test confirmed d	Λ		
Se Se Se	EN	(State or C	Country)			(Signed)	/////lu	estelows	
	PARENTS					Aug 27 , 19	(Address) Glen	ns Ferry	
WRITE m of i ISE OF portant.	P.	12. MAIDEN	NAME OF MOTHER	Pearl King					
WRITE item of i AUSE OF important.	l	13. BIRTHPL	ACE OF MOTHER (city	or town) Share	n. Ida	*State the DISEASE CAUSES, state (1)	E CAUSING DEATH, or in MEANS AND NATURE	of INJURY, and (2)	
	<b>!</b> _	(State or C	Country)			whether ACCIDENTA	L, SUICIDAL, or HOMI	CIDAL,	
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH State File No.

Prim. Registration District No. 2/19 Local Registrar's No.

(If stillborn, substitute the word "Stillbirth" for name of child)

Date of Legitihirth mate? (Month)

What prophylactic was used to prevent Ophthalmia Neonatorum?

(a) Born alive and now living

Stillborn

If nonresident, give place and State.

Age at last Birthday

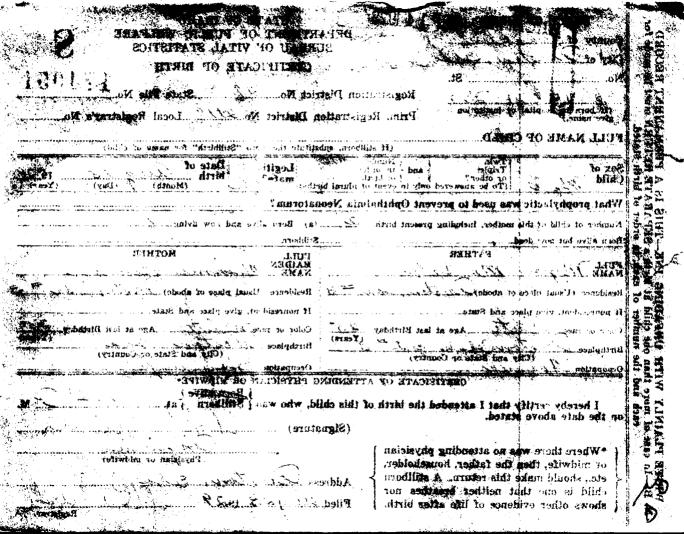
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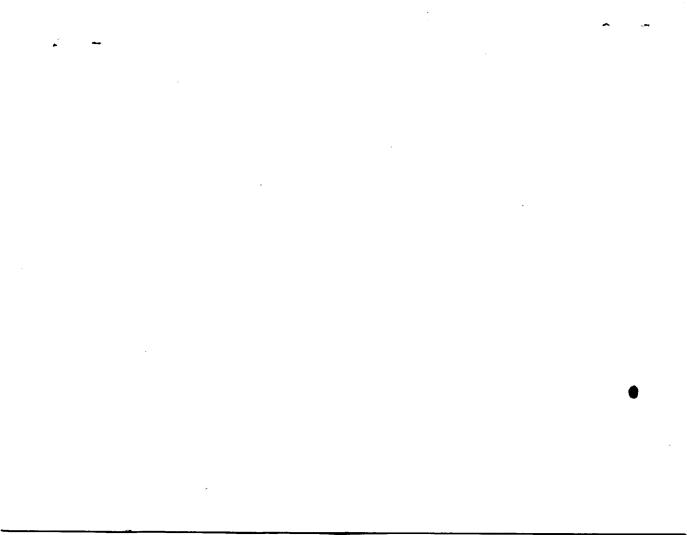
(Signature)

(Physician or midwife)

(Years)



698-109-028-231 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. Local Registrar's No. 142 (If born in hospital or institution Prim. Registration District No. give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Triplet in order birth ( Child or other? of hirth mate? (To be answered only in event of plural births) (Month) (Dav) What prophylactic was used to prevent Ophthalmia Negnatorum? Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead. Stillborn. FATHER MOTHER FULL MAIDEN Residence (Usual place of abode Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and Stat Color or race Birthplace Birthplace y and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



	FORM V S No 5 10 M C 15 15		the first state of the state of
PHYSIGIANS statement	1. PLACE OF BEATH  Registration District No.		State of Idaho ARD OF HEALTH
	City of City of Primary Registration Dist	Bure	an of Vital Statistics
	10403 04 1511111111111111		o
H S	If death occurs away from (No,		eath occurred in a hos-
. •	called for under special	n / pital	, institution or camp,
OTLY, CTLY, Exact	nformation. 2. FULL NAME		its NAME instead of and number.
XX #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-	16. DATE OF DEATH	0
F B B P.	mal o describer owen or divorced.	ang To	1011-20
NENT RESTANTED EXPLAINED OF CERTIFIED.	(Write the word,)	(Month)	$\begin{array}{ccc}$
PERMANEN' ould be state properly class on back of ce	6. DATE OF BIRTH.	<u>-</u>	
Series De la Company	lug 10 gra	Carried Central, that I'm	ttended deceased from
PERM ould b properi	(Menth) (Day) (Year)	1914 to	7 9 100
<b>=</b> `	7. AGE - IF LESS than 1 day	that I lest saw h . This lest - C. O. J.	6/2191
· × =	how many hrs. or	and that death occurred on the date stated a	hove at 5 P
IS IS AGE nay b uction	YrsMosdsmin,?'	The CAUSE OF DEATH* was as follows:	100 ve, at
E SE	8. OCCUPATION	The CAUSE OF DEATH* was as follows:	
ing t in in	(a) Trade, profession or particular kind of work	modell born	• • • • • • • • • • • • • • • • • • • •
upplic that	(b) General nature of in-		
	dustry, business, or estab- lishment in which em-	[	
NG Ly S	***	(Duration) Yrs	moe da
UNFADING e carefully ain terms, y important	9. BIRTHPLACE On and Olem	Company	
FA are tel		(Secondary)	• • • • • • • • • • • • • • • • • • • •
f UN be c plain ery it	(State or Country)	(Duration XXxx	O mos O da
P P	10. NAME OF 26		. mos
is in S	FATHER WALL SUPPLIES	(Signed)	
sho HI	11. BIRTHPLACE	(Address)	une.
EE E	OF FATHER SOUTH NOTICE	State the Disease Causing Death; or in auses, state (1) Means of Injury; and (2)	n deaths from Violent  ) whether Accidental.
P DE	(State or Country)	Suicidal or Homicidal.	,
E PLAINLY, V information sh E OF DEATH OCCUPATION	12. MAIDEN NAME 40 A C+-0	18. LENGTH OF RESIDENCE (For I	Inspitals Institutions
E P info info info	OF MOTHER Slody Dlanky	Transients or Recent Residents.)	adspitting, answeredis,
	13. BIRTHPLACE	At place In the	
WRITH OF CAU	OF MOTHER	of deathyrsmosdays. ,State	.yrsdays
W] item ate C.	(State or Country)	Where was disease contracted	
w.—Every iten should state	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
ver d	(Informant) Harry Stanting	Former or	
should	(Address) and all all all	usual residence	
B.–	(1-000)	19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
z	15.	torest Com CDa	Cency . 1.1. 191-29
	2/10/0 11 11 11 11 11 11 11 11 11 11 11 11 11	20. UNDERTAKER	ADDRESS
	Local Registrar.		ļ

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296-109. 0912 AUG 12 RECORD be made for STATE OF IDAHO RIMENT OF PUBLIC WELFARE County of Tues BUREAU OF VITAL STATISTICS City of Taxan to CERTIFICATE OF BIRTH RETURN must bethe stated. Registration District No. 3 7 State File No. T.F.Cod 9.an (If born in hospital or institution Prim. Registration District No. 2.2. Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order SEPARATE IS A order of birtl birth .... Child or other? of hirth mate? U. (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead. Stillborn **FATHER** MOTHER FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State. Color or race... Age at last Birthday.... Color or race. Age at last Birthday Birthplace Pour Birthplace 13-1-2 (City and State or Country) City and State or Country) Occupation . Occupation .\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN of more I hereby certify that I attended the birth of this child, who was ! Stillborn on the date above stated. (Signature) .... \*Where there was no attending physician or midwife, then the father, householder, (Physician \*\*\*\*\*id=175) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Filed 8 - 0 1929 ż

to vita SERTIFICATE OF BUSTH the wistration District No. ................................. State File No. Priese description District Notes, Local Registrates No. TILL MAME OF CHILD Date of What profibelactic was used to prevent (bott) it is Neonatorum? Municer of child of the mother, including present to the control Boan slive and now living Born allie but now dead . . . PATHER Residence (Useal place of shodel has if nonresident, give place and Itate. .... ... if nonresident, give pines and State..... Color or rece Line EL noitagener CERTIFICATE OF ATTENDING PHYSICIAN ACTION I hareby corting that I effended the hirth of this oldid, who wast printed \*Where there was no attending physician or midwife, then the father, houseluider, (Physician was etc., should make this return. A stillborn. child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO RECEIVED AIIG 5 DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... Registration District No.......3 County of Local Registrar's No...... Primary Registration District No.... (No. (Heath occurred in a/hospital or institution, give its name instead instead of street and number.) 2. FULL NAME (a) Residence. No. (If nonresident give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 Single Married, Widowed, /DEATH 4 COLOR OR TRACE 16 DATE OF or Divorted (write the word) should (Month) properly 5a If married, widowed, or divorced **HUSBAND** of dERTIFY, That I attended deceased from 17 (or) WIFE of 6 DATE OF BIRTH (month, day and year) that I last saw h. Months and that death occurred, on the date stated above, at 7 AGE Years Days If LESS than 1 day, .hrs. or 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in 8 which employed (or employer) ..... instruction (c) Name of employer (Secondary) (duration) .. mos. BIRTHPLACE (city or town) .... plain 18 Where was disease contracted (State or country) If not at place of death?.. Did an operation presente death?. 10 NAME OF Was there an autepsy/ DEATH FATHER (city 11 BIRTHPLACE OF What test confirmer important. (State or country) (Signed) 0F SEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (city LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, very (State or country) and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. **.**2 Cremation, or Removal Burlal Informant.. state CUPATION (Address) Addnéss Registrar

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STATEMENT OF OCCUPATION -- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECORD be made for OF PUBLIC WELFARE DEPARTMENT County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No. PERMANENT RETURN must (If born in hospital or institution Prim. Registration District No.2. Q. 25 Local Registrar's No...... give name.) (If stillborn, substitute the word "Stillbirth" for name of child) Number THIS IS A PI SEPARATE RE Date of Sex of Legiti-Triplet and in order birth Child or other? of birth mate?~/ (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. Born alive and now living. Born alive but now dead\_\_\_\_\_ Stillborn FATHER MOTHER FULL MAIDEN FULL NAME NAME one child at Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday 💆 Color or race at last Birthday. Color or race. (Years) Birthplace... Birthplace City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OF more PLAINLY case of mor I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or mid-WRITE B.—In etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

EXACTLY, PHYSICIANS Exact statement of OC-	PLACE OF DEATH County of Twin Falls City of Twin Falls (If death occur 2. FULL NAME Baby Glann (a) Residence. No. Kimbarl	Whitney	IC WELFARE STATISTICS  DEATH  3 1   ct No. \0.2.3    noral Hospital , give its name instead in		67456 No	
щ.,	(Usual place of abode) Length of residence in city or town where PERSONAL AND STATIST	death occurred yrs. mos.	ds. How long in U. S.,	nonresident give city of if of foreign birth?		
ING PERMANENT I should be stated perly classified.	3 SEX 4 COLOR OR RACE White  5a If married, widowed, or divorced	5 Single, Married, Widowed, or Divorced (write the word) Single	16 DATE OF DEATH (Month)	/ <u>3</u> (Day)	19 <u>29</u> (Year)	
FOR BINDING THIS IS A PER ied. AGE shoul lay be properly certificate.	HUSBAND of (or) WIFE of  6 DATE OF BIRTH (month, day and year		17   HEREBY CERTIFY, That I attended deceased from			
	8 OCCUPATION OF DECEASED	ormin.	and that death occurred, on the date stated above, at 2 11 m.  The CAUSE OF DEATH* was as follows:			
RESERVING IDING ID IT IN	(a) Trade, profession, or particular kind of work	Gestation One week over Scheduled  J. Months. (duration) yrs. mos. ds.  CONTRIBUTORY Chabables America of mether  (Secondary) blue Trusting of Cond the cut off				
<b>8</b> 2 4 5	9 BIRTHPLACE (city or town) Tirin	Falls	18 Where was disease contracted if not at place of death?			
on s in See		Whitney	Was there an autopsy?	de death? Date o		
E PLAINLY of informati OF DEATH important.	(State or country)	sas	What test confirmed di (Signed)	Garage My	gan, M. D.	
WRITE F titem of it CAUSE OF	12 DIDTUDIACE OF MOTHER (city		LENT CAUSES, state	CAUSING DEATH, or (1) MEANS AND NA DENTAL, SUICIDAL, or	TURE OF INJURY,	
Every state C.	14 Informant Glenn Whitney	R. F. D. # 2	19 Place of Burial, Cre Twin Falls 20. Undertaker		Date of Burial  Aug. 13 19 Address	
N. B.—Eveshould state CUPATION	15 Filed 3:15: , 1930 Yax	Registrar	P. J. Gross	slan	Twin Falls	

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	STATE OF IDAHO County of Washington BUREAU OF VITAL STATISTICS  STATE OF IDAHO COUNTY OF WELFARE BUREAU OF VITAL STATISTICS
	County of Washington
	City of W. Shall
	CERTIFICATE OF BIRTH
	No. Registration District No. 76 State File No. 174396
	(If born in hospital or institution give name.)  Prim. Registration District No. / 0/0 Local Registrar's No. / 9/0
3	FULL NAME OF CHILD Stillborn
	(If stillborn, substitute the word "Stillbirth" for name of child)
DIFFER	Sex of Child Male Twin triplet of of birth (Month) (Day) (Year)
5	What prophylactic was used to prevent Ophthalmia Neonatorum?
2	Number of child of this mother, including present birth 3 (a) Born alive and now living
5	Born alive but now dead
icu, ii	FULL Wayne Come Luis MADEN Tina Mae Sint
3	Residence (Usual place of abode) Weish Da Residence (Usual place of abode) Weish da
יי פ	If nonresident, give place and State
	Color or race white Age at last Birthday 28 Color or race white Age at last Birthday 21
T I	Birthplace Ole (Years) Birthplace Veta Tass Colo, (Years)
спе	(City and State or Country)  Occupation Carthana a Rea Occupation Country
	CERTIFICATE OF ATTENDING PHYSICIAN OR MILWIFE.
E II	I hereby certify that I attended the birth of this child, who was Stillborn at 2.13 5 M. on the date above stated.
ย	(Signature) Provest & Curry
	(*Where there was no attending physician)
	or midwife, then the father, householder, (Physician or midwife)
	etc., should make this return. A stillborn Address
	shows other evidence of life after birth. Filed 1929 Million Registrar.
	, , kegistrar.

02 1	<u> </u>		40.00	STA	TE OF IDAE	10		<del></del>	
ZZ	RECEIVED AUG 20 1929			DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE	IN THIS SPACE		
73D	DI	LACE OF DEATH		BUREAU OF VITAL STA			DO NOT WHILE	R7469	
ŠŠ	1	ACE OF DEATH	<b>*</b>	CERTIFI	CATE OF 1	DEATH	State File No	C(20)	
HX f (	County o	f Warning	con	Registration Dist		<b>∕</b> ₹ 7			
E Ç	City of	Weesa	~	_			Local Registra	ar's No	
F RECORD ed EXACTLY, PHYSICIAl Exact statement of OCCUP	010, 02			Primary Registra	tion District	No/			
EXACTLY, ct statemen		<b>.</b>		(No		name instead of street an	)	26	
A A C		(IX)	death occurred	in a hospital or inst	tution, give its i	name instead of street an	a number.)	$ \sqrt{\alpha_{\ell}} $	
RECORD EXACT act state	2. FUL	L NAME W	ayru	Lewe	<b>L</b>			σ	
Xa L	(9)	Residence. No				St			
F 5 E	· ` (	Usual place of abode)		th occurred.' vrs.	mos. ds.	How long in U. S., if	(If nonresident give city	or town and State)	
	Length of	residence in city or to	wn where dear	in occurred. yrs.	mos. us.				
ING PERMANENT I should be stated rly classified. Ex		PERSONAL AND	STATISTICA	L PARTICULARS		MEDIC	CAL CERTIFICATE OF	DEATH	
M J d J ass	8. SEX	4. COLOR	OR RACE	5. Single, Married or Divorced (write	, Widowed,	16. DATE OF DEA		. the	
NG PERM nould   y class		$\mathcal{U}$ $\mathcal{U}$	)hr	or Divorced (write	Le Word)		sely .	1924	
BINDIN IS A P AGE sho properly	5a. If ma	arried, widowed, or divo	rced					Day) (Year)	
E E	H	USBAND of r) WIFE of				17 HEREBY CER	TIFY, That I attended de	eceased from	
BIN IS A AGE prope	<u>`</u>			1		Jac 4	1-19 200 10	9 , 19	
£ 132 ± 28		OF BIRTH (month, de		July 4.	-1929	that I last saw h	Line of 12	CATAL , 12	
	7. AGE	Years Mo	onths .	Days / If LES	S than 1 day	and that death occurr	ed, on the date stated abo	ve, at 2.300° m.	
INK—THEN FOR INK—THEN IN MAY IT MAY HISTORY					min.	The CAUSE OF DEA	ATH* was as follows:		
E E E	8. OCCU	PATION OF DECEASI	ED						
Set 1 E	(a) T	frade, profession, or ular kind of work				sofery	yea /les	nalorma	
	partic	ular kind of work							
E Se fe Co	(b) G busine	deneral nature of industress, or establishment in	ry,				(duration)	Ørsds.	
Z Z 2 2 2 2	which	employed (or employer	•)			CONTRIBUTORY 1	Torsels. h	relevens.	
25225	(c) 1	Name of employer				(Secondary)		1	
SHE TO			(1)				(duration)	yrs. mos. U ds.	
MA WITH should plain ction	9. BIRTHPLACE (city or town) (State or country)					18. Where was disease contracted if not at place of death?			
2 de 2 de 2				9		_			
LY, For in	10. F	10. NAME OF FATHER Wayned			مادره کم		ede death? Dat	e oi	
PLAINLY nformation DEATH i			1	· · · · · · · · · · · · · · · · · · ·		Was there an autops	< /		
PLAJ form DEA See	E   11. E	SIRTHPLACE OF FATI State or Country)	HER (city or	town)		What test confirmed	diagnosis?	111111	
면 취임	DARENTS		a	regor		(Signed)		MILLY, M. D.	
i Gri	Z 12. N	MAIDEN NAME OF AN	THER	D. +		, 1	(Address)		
		10	ma	Reus		+C4-4- AL - DIGITIA CI	E CATISTAIC DEADY	in death from WIOI TAND	
WRI item AUSE import	13. E	SIRTHPLACE OF MOT	HER (city/)	town)		CAUSES, state (1)	MEANS AND NATURI	in deaths from VIOLENT E OF INJURY, and (2) ICIDAL.	
:: A::	(8	State or Country)		y or	70				
ery ery	14.	mant Way	ne	1 ewes,		19. Place of Burial,	Cremation, or Removal	Date of Burial	
Ev	(Addı	116		delaha		Heller	T acceler	7-5- 1929	
المراج المراج				11 11	<del>-//-</del>	20. Undertaker		Address 10	
og e	15. Filed	July 0 , 19 =	24 /	in skalle	um	26 80	orthous	Weisen to	
z g I		//	<del></del>		Registrar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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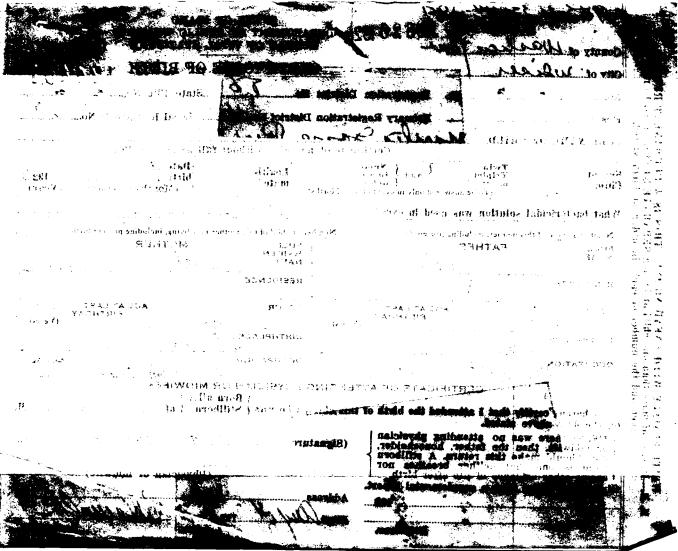
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STATE OF IDAHO NUG 20 1929 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH Registration District No...... State File No...... St. URN must stated. Primary Registration District No. / / Local Registrar's No. Hospital ..... (Certificate of no value without full name of child) birth Number Twin Date of Sex of Legiti-Triplet in order birtha Child/ or other? of birth mate (Month) (Dav) (Year) (To be answered only in event of plural births) of What bactericidal solution was used in eyes?..... order SEP Number of child of this mother now living, including present birth Number of child of this mother, including present birth... FULL **FATHER** S E FULL MAIDEN NAME each, RESIDENCE RESIDENC 눵 AGE AT LAST AGE AT LAST COLOR COLOR BIRTHDAY number (Years BIRTHPLACE one the CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIRE an of more Born alive WRITE PLAINLY I hereby certify that I attended the birth of this child, who was ! Stillborn on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar. Registrar.



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A-A-	STATE OF IDA	
<b>3</b> 6	REC. FEB 1 1030 DEPARTMENT OF PUBLIC	DO NOT WALLS IN THIS STROM
<u> </u>	PLACE OF DEATH BUREAU OF VITAL ST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHYSICIA	County of Washing to CERTIFICATE OF	DEATH State File No
PH	Registration District No	Local Registrar's No. 22
. 78	City of Primary Registration District	No 1010
ECORD EXACTLY, ict statemen		
ORD ACTL statem	(No	name instead of street and number.)
RECORD EXACT tact state	2. FULL NAME Mor Tha Jour Cut	<del>*************************************</del>
r Ri ed E		St
E te	(Usual place of abode)	(If nonresident give city or town and State)
Sta Es	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., it or foreign birth? - yrs. mos. ds.
DING A PERMANENT should be state erly classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GRMAN uld be classifi	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
ING PERI should	T Who or Divorced (Write the word)	Jacky S 1979
NIO A F Sh	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
BIN S IS AGE prop	0 2 (6)	July 3, 19 7, to July 23, 1979
FOR 1 THIS ed. A	6. DATE OF BIRTH (month, day and year)	that I last saw has alive on 19
VED FOUNT INKTI	7. AGE Years Months Bays If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm.
ED Ppl	Nallotta min.	The CAUSE OF DEATH* was as follows:
SERVED FG INK—1 by supplie hat it may certificate.	8. OCCUPATION OF DECEASED	for the second s
SSER NG NG IIIy that	(a) Trade, profession, or particular kind of work	C, Museume
RGIN RESER UNFADING I be carefully a erms, so that a back of cert	(b) General nature of industry.	and the state of t
N I	business, or establishment in which employed (or employer)	
ARGIN I UNFAI be care terms, s	(c) Name of employer	CONTRIBUTORY
<b>₹</b> + ©	(c) Name of employer	(Secondary)  (duration) yrs, mos, ds,
MANLY, WITH tion should the in plain instruction of the instruction of	9. BIRTHPLACE (city or town)	18. Where was disease contracted
Sh W	(State or country)	if not at place of death?
×, ĕ <sub>`E</sub> r	10. NAME OF FATHER	Did an operation precede death?Date of
PLAINLY nformation DEATH i See inst	Jeur	Was there an autopsy?
EAT TA	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis?
목충모~	Ta.	(Signed) , M. D.
HOF IE	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER	(Address)
WRITE m of i ISE OF	12. MAIDEN NAME OF MOTHER STELLOW	AGALLA ALA DISEASE CATISING DEATH on in double from VIOLENIT
WRITE item of i	18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~O ~	14. Resses Rest	19. Place of Burial, Cremation, or Removal Date of Burial
446/ Every state C is very	Informant	Tell and Court -5- 1929
₹ ¶##	(Address) Welsen tasks	V-accept accept of
	15. Filed the 24 h 1924. T. A Kumih	20. Undertaker Address
N. B.	Registrar	N.O. Torrhous Welling

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Do not accept a certificate of death signed only by a midwife.

## RECEIVED SEP 30 1929

DIVISION OF VITAL STATISTICS-

DEPARTMENT OF COMMERCE C.K.MACEY BUREAU OF VITAL STATISTICS SPECIAL AGENT.

SEP 24 1929

Boise, Idaho

174401

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Weiser

Dear Madam: -

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CH	ILD Mar	tha 1 a	ne B	uth.		
PLACE OF BIRTH	Weiser	DATE OF BURTH	July 3, 192	29	SEX OF CHILD	Female_
<ol> <li>Number born</li> <li>Born alive</li> </ol>	hildren born t alive and now but now dead hildren stillb	living	none	present bir	th <u>o</u>	<u></u>
T. MANUST OF		ase write pla	inly()			
	ith reference THER	to	Infor	mation with MOTH		ce to
James W (Full Weiser a (Resid	Ida, 15	2 EMain 7	Werser	Maiden man	e Br	illain 1528 M
Age at last bir	rost It a	years. A	ge at last b	irthday	27 y	ears Idale
Thank	ting you in ad-	vance for your	courtesy in	n taking can	re of thi	is

Sincerely Yours, E. K. Macey.

Special Ament, Bureau of the Census.

Q.M. Macey,

matter immediately in order that the record may be completed, I am,

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CHEEK BOOF VITAL STATISTIC CERCLERCAST OF BIRTH Prim. Regist after District No. 1 11 Person Receiped THE IS A CHIEF OF CHIEF When the wind where the west "Bully AC I were at the wind of the chief Concoder the in cross of pleas thethat mater (Mooth) Man good riestle was used to prevent Ophthalmia Yednatorum 11 Stumber of child of this mother, impliciting present both (a) from alive and new thing Burn sire but now dead. FATHER Residence (Maint place of shode)...... Mesidence (Level place of shede) ..... If nonresidual, give place and State and arrested CONTROL OF ATENDERS PHYSOLANDE STAPPED BY I hereby certify that I attended the hirth of this sails, who was Where there was no attending physician or midwife, then the lather, householder, L'Espelier of this office ere chould areke this rotum. A stillborn chief is one that neither breathes nor above other evidence of the after birth

RECEIVED OCT 4 1929 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of... Registration District No. Local Registrar's No.... City of ..... Primary Registration District No. 1004-EXACTLY. A PERMANENT RECORD (If death occurred in a hospital or institution, give its name instead of street and number.) Beat 2. FULL NAME. (a) Residence. No..... St.

(If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mog. d (Usual place of abode) Length of residence in city or town where death occurred. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH 4. COLOR OP RACE Single, Married, Widowed, or Divorced (write the word) (Year) (Day) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from 6. DATE OF BIRTH (month, day and year) that I last saw h..... alive on... 7. AGE Months If LESS than 1 day, Years and that death occurred, on the date stated above, at The CAUSE OF DEATH \_\_\_\_\_min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (duration) which employed (or employer) \_\_\_\_ CONTRIBUTORY (c) Name of employer (Secondary) \_\_\_\_\_\_(duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? (State or country) Did an operation precede death? Was there an autopsy? ...... 11. BIRTHPLACE OF FATHER (city or town)...
(State or Country) What test confirmed diagnosis? \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 18. BIRTHPLACE OF MOTHER (city or town) .... CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Date of Burial Informant (Address) Address

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head of "Contributory."

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. Registration District No..... O.....State File No.... (If born in hospital or institution Prim. Registration District No. 2/10/Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of. Triplet Legitit in order birth Child mate?\ (To be answered only in event of plural hirths) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. \_ (a) Born alive and now living\_ Born alive but now dead... Stillborn. MOTHER FULL FIII.I. MAIDEN NAME Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State (Years) Birthplace \_ (City and State of Country ty and State or Country) Occupation (I Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ? Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Physician a or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

EARTMENT OF PUBLIC WELFARE BUREAU OF VIVAL STATISTICS GERTHEICATE OF BIKTH Frim Regularistics District, No. 2 22 Local Registrar's T NAMESON CHULD the answered units to ever took or #Wight prophylactic was used to prevent Ophthalm : ? constitue? Museum of child of this mother, mounthing present sixth ........ FARHER MAIDEN NAME. Registered (Unual place of abode) ..... If noncodel it, silve place and States ... (City and State or Concery) THE CATE OF ATTEMANC PHYSPIAN OR MOWIFE. I hereby certify that I attended the hirth of this thild, who was firstliborn on the date shove stated. "Where there was so attending physician or midwife, then the father, householder, etc. suculd make this seturn. A stillt-am child is one that neither breather nor shows other evidence of life after birile

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IY, PHYSICIANS nent of OCCUPA.	Co	PLACE OF DEATH  Ounty of Color of Primary Registration District No	C WELFARE DO NOT WRITE IN THIS SPACE State File No. 67150
RMANENT RECORD  d be stated EXACTLY, lassified. Exact statemen		(a) Residence. No. 5.39	name instead of street and number)  St.  (If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
BINDING IS A PERMANENT AGE should be stated properly classified.	8. 	SEX 4. COLOR OR RACE or Divorced (write the word) a. If married, widowed, or divorced HUSBAND of (or) WIFE of	16. DATE OF DEATH  (Month) (Day) (Year)  17. I HERERY CERTIFY That I attended deceased from
KVED FOR INK—THIS supplied. t it may be rtificate.	7.	DATE OF BIRTH (month, day and year)  AGE Years Months Days If LESS than 1 day, hrs. or min,  OCCUPATION OF DECEASED  (a) Trade, profession, or	that I last saw here alive on 10 and that death occurred, on the date stated above, at 2 m.  The CAUSE OF DEATH* was as follows:
MAKGIN KESE ITH UNFADING ould be carefully lain terms, so tha	9	particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  BIRTHPLACE (city or town)	CONTRIBUTORY (Secondary)  (duration) yrs. mos. ds.
M. PLAINLY, WITH information should Topics DEATH in plain. See instruction		(State or country)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town) (State or Country)	18. Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnost Contracted if not at place of death?
WRITE item of AUSE OF important	PARENTS	12. MAIDEN NAME OF MOTHER (city of town) (State or Country)  13. BIRTHPLACE OF MOTHER (city of town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT GAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) hether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
N. B.—Every should state ( FION is very	14	(Address)	19 Place of Burial, Cremation or Removal Date of Burial  Ocolog Date of Burial  19 29  20, Undertaker  Address Address Address Colods  Address

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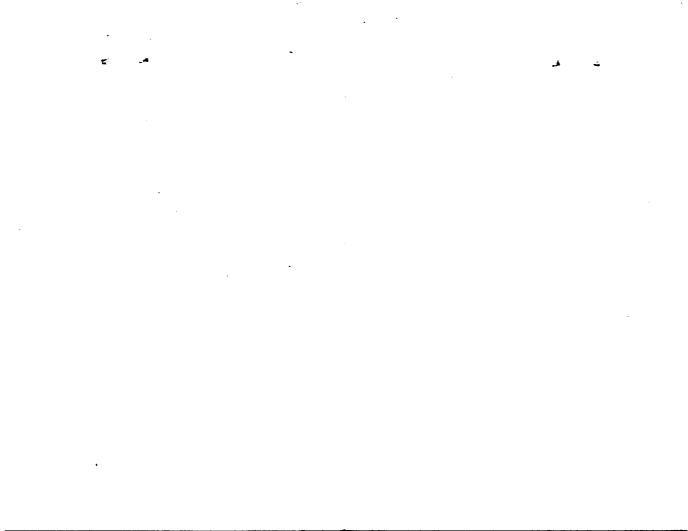
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LEARTME OF PUBLIC WILLPARK THE CONTROL OF SHETH Manuel William Country Name of the State 1916 No. . mehminen en berfreit there we story the theory of the contract of t DUALNE OF CHILD ... ... Miller . Miller that prophylicals was used to prevent thickleds as and a real state with same living and many death directly unitaries greatens which in high to be seen if and the second and the religion to work there is no becard the state of the state of the state of and the bar oneignering discussioners The state of the second second freeze of the second second to GENTALOGY S OF AT SEL FOR PROBICIAN OR GODWIETE t hereby certify that I attended the birth of the etah, you was a Stiffbern der on the flat above stated. TOTAL CONTRACTOR OF THE STATE O \*Where there was no attending policever t a midwife...then the fattery housenables, of the cold of the street settle of a relation of the cold า เลือน และ เลือน **ขวายอุนาวย ของ**มีเล สงายที่สา

M 13 rothers RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH PERMANENT REFURN must the stated. Registration District No...... .....State File No..... (If born in hospital or institution Prim. Registration District No... give name.) .....Local Registrar's No FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet in order Child J birth ... mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? SEP Number of child of this mother, including present birth (a) Born alive and now living. Born alive but now dead. Stillborn **WEATHER** MOTHER FULL each. FULL MAIDEN NAME Residence (Usual place of abode). Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State Age at last Birthday ge at last Birthday. Birthplace Birthplace. (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE. PLAINLY Case of mor Still orn I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife or midwife, then the father, householder, etc., should make this return. A stillborn Address .. child is one that neither breathes nor shows other evidence of life after birth.



INS PA-	RECEIVED SEP 25 1929 DEPAI	STATE OF IDAHO	CLEARE DO NOT WRITE	IN THIS SPACE
		REAU OF VITAL STATIST		
XSI OC	County of Bannock CI	ERTIFICATE OF DEA'	TH State File No	67494
, PHYSICIAN	Registrat	ion District No Registration District No	A A A Translation	rar's No. 5644
LY		Pocatello Genera		
RECORD EXACT	· ·	al or institution, give its name in	nstead of street and number.)	
ECC STA	2. FULL NAME. Infant Sorgat	Z	<i>yo</i> 6	
· `~	(a) Residence. No Pocatell. (Usual place of abode) Length of residence in city or town where death occurred.	***************************************	St. (If nonresident give city	y or town and State) yrs. mos. ds.
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF	DEATH
MA I b	8. SEX 4. COLOR OR RACE 5. Single	, Married, Widowed, 16.	DATE OF DEATH	
~ ~ ~	Eemale White or Divor	ed (write the word) Single		929 <b>.</b>
			<u>`</u>	Day) (Year)
BINDING IS A PE AGE shou	5a. If married, widowed, or divorced . HUSBAND of . (or) WIFE of	17.	HEREBY CERTIFY, That I attended d	eceased from
~ ~	6. DATE OF BIRTH (month, day and year) Augus	25. 1929. that	t I last aw h alive on	10
FOR THIS ed. 1	7. AGE Years Months Days	If LESS than 1 day, and	that death occurred, on the date stated abo	ove. at m
· 1 • # # # #	Stillborn 6 0 0	hrs. or	CAUSE OF DEATH* was as follows:	
RVE INK sup	8. OCCUPATION OF DECEASED			
SEB G IIV	(a) Trade, profession, or None		Salf onn	<u> </u>
N RESERVED SADING INK— carefully suppl s, so that it m ick of certifica	(h) Conount nature of industry	4		
	business, or establishment in which employed (or employer)		(duration)	yrs ds.
MARGIN H UNFA Id be ca n terms,	(c) Name of employer		NTRIBUTORY Secondary)	yes of
MAR ITH U suld b ain ter	Pocatel	lo, Idaho.	(duration)	yrsds.
MA WITH Should plain Iction	9. BIRTHPLACE (city or town) 100216110. Identity (State or country)		Where was disease contracted if not at place of death?	
NLY, V ttion e IH in instruc	10. NAME OF FATHER	Total	20-	e of
PLAINLY nformation DEATH i		orgatz Was	s there an autopsy?	
LAI OFF See	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	Wha	at test confirmed diagnosis?	2
	(State or Country)  Germany  12. MAIDEN NAME OF MOTHER  Caroli		(Signed)	THE D
	12. MAIDEN NAME OF MOTHER Carolin	ne Brumgart 📗 🚅	, 19 (Address)	colette
WRI item AUSE import	13. BIRTHPLACE OF MOTHER (city or town)	**	State the DISEASE CAUSING DEATH, or	in deaths from VIOLENT
WE item	(State or Country)	Linois. Whe	State the DISEASE CAUSING DEATH, or USES, state (1) MEANS AND NATURI ther ACCIDENTAL, SUICIDAL, or HOM	ICIDAL.
very	14. Informant Paul J. Sorgatz	19.	Place of Burial, Cremation, or Removal	Date of Burial
-Ever state		laho	Mountain View Cemete	ry 8/26/29 <sup>19</sup>
f. B.— hould ION i	15. Filed. 8/2 Y , 19 = 7	Registres AT	thur W. Hall	Poca. Ida.
Z 76 =				<del></del>

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Registrars should be careful to see that the medical

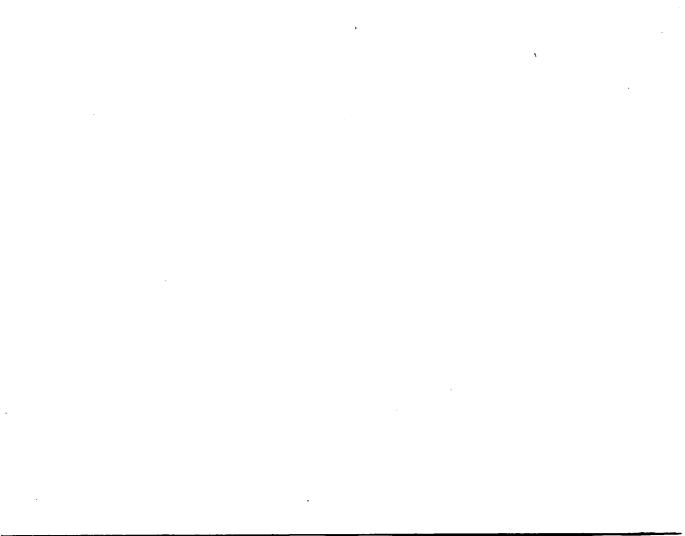
statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

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955 SE

PLACE SERIE D/OCT 1 4 1920 RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of // andiot BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH 174601 PERMANENT I RETURN must b Registration District No. \$3 State File No. (If born in hospital or institution Prim. Registration District No. 2 / 60 Local Registrar's No. 493 give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of Twin Number Sex of Date of Legiti-/ Triplet in order birth / Child or other? of birth mate? (Month (To be answered only in event of plural births) (Day) (Year What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and no Born alive but now dead. Stillborn FATHER MOTHER FIII.I. FULL MAIDEN NAME NAME. Residence Usual place of child If nonresident, give place If nonresident, give place Color or race Age at hat Birthday Color or race (Years) Birthplace Birthplace City and Sta Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MI more PLAINLY I hereby certify that I attended the birth of this child, who was UStillbern on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwi WRITE or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.



RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS. CERTIFICATE OF BIRTH PERMANENT I REFURN must b th stated. State File No..... Registration District No. 2 (If born in hospital or institution im Registration District No.....Local Registrar's No. 4 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Male Date of Triplet Legiti-L in order or other? of birth birth mate? (To be answered only in event of plural hirths) (Month) (Dav) SEPARA What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth \_\_\_\_\_\_\_(a) Born alive and now living\_\_\_\_\_ Born alive but now dead.... Stillborn.. FATHER MOTHER birth FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) child If nonresident, give place and State... If nonresident, give place and state Color or race\_ Age at last Birthday Color or race at last Birthday Birthplace\_ Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MILWIFE\* more I hereby certify that I attended the birth of this child, who was LStillforn PLAINLY on the date above stated. case of (Signature) \*Where there was no attending physician WRITE B-In (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor Filed 9-30 1929 Mrs J. S. L shows other evidence of life after birth.

• ¢ ... •

	RECEIVED OCT 11 1020 STATE OF IDAI	HO
	PLACE OF DEATH BUREAU OF VITAL ST	6 '7 '7 ALD
-    (	County of Bear Lake CERTIFICATE OF	<del></del>
H	City of Laboraty Registration District No	Local Registrar's No. / 24
- ∦ `	Primary Registration District	No
l	(No	)
	(If death occurred in a hospital or institution, give its	<b>V</b>
:	2. FULL NAME SUMBOND	
	(a) Residence. No	St
	(Usual place of abode)	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH
	or Divorced (write the word)	Gett 11
- 11-	7.460	(Month) (Day) (Year)
- {}	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
-	(or) WIFE of	, 19, to, 19
	6. DATE OF BIRTH (month, day and year) Sept 11 1929	that I last saw halive on, 19
ಹ	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at
cate.	Stillborn. hrs. or min.	The CAUSE OF DEATH* was as follows:
	8. OCCUPATION OF DECEASED	- Angelia de la companya della compa
. Se	(a) Trade, profession, or particular kind of work.	Still born child
<u> </u>		
À. ∥	(b) General nature of industry, business, or establishment in	(duration)yrsmosd
ž 📗	which employed (or employer)	CONTRIBUTORY
g  _	(c) Name of employer	(Secondary)
<b>F</b>	9. BIRTHPLACE (city or town) Solales	(duration)yrs mos d
ಕ್ಷ ∥_	(State or country)	18. Where was disease contracted if not at place of death?
	10. NAME OF FATHER Tunothy Matthews	Did an operation precede death? Zo Date of
rtant. See instru		Was there an autopsy?
8 2	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
int. See	Faulo	(Signed) ( ) M. I
nt lit	12. MAIDEN NAME OF ANOTHER	Sept 12, 1929 (Address) Janes Hal
important.	em person	
ğ	18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2 whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
5 ⊩	Jana	
is very	14. Informant Cananthy Market	19. Place of Burisi, Cremation, or Removal Date of Burial
<b>P</b>	(Address)	Lesty 2 day Selation 192
	15 Q 20 50 M 0 1 16'	20. Undertaker Address
<b>∵</b> ∥	10. Filed 9- 28 1929 1/2 1/10 ( 19. miner)	11 1 11 + 00
	Registrar	1 1 - 1 1 (14/2/10 - a : 1/1/10x41 := 3///

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A-A	RECEIVED OCT 7 1929 STATE OF IDAI	
<b>₹</b> 5	DEPARTMENT OF PUBLIC	
22	PLACE OF DEATH BUREAU OF VITAL ST	1 6 7 5 1 0 1
PHYSICIA	County of Gendelm CERTIFICATE OF	State File No
E P	Registration District No	2
=	City of Primary Registration District	No No Local Registrar's No. C. C.
LY me	-	
E C L	(No(Lf death occurred in a hospital or institution, give its	name instead of street and number.)
	Et took a Barrer	- · · · ·
RECORD EXACTLY, cact statemen	2. FULL NAME ALLO TO TOURS	<b>√</b> √°
K.o. ii	(a) Residence. No	St
N. ste	(Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs, mos. ds.
NG PERMANENT hould be state 7 classified. F		
E P E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R A Bas	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
JING  PERN  should  rly class	Male White ingle.	(Month) (Day) (Year)
DII A 1 Sh erly	5a. If married, widowed, or divorced HUSBAND of	
BINDIN IS A F AGE sh properly	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
B H B		54 70, 19 39, to Sept 20, 19 29
FOR THIS ed. A be	6. DATE OF BIRTH (month, day and year)	that I last saw h alive on , 19
TY -TF lied ay te.	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm,
	Milworn min.	The CAUSE OF DEATH* was as follows:
RVE INK sup	8. OCCUPATION OF DECEASED	A Designation of the second of
Series 1	(a) Trade, profession, or	I cemature our au y
	particular kind of work	stall 7th month
	(b) General nature of industry, business, or establishment in	(duration) yrs. mos, ds,
RGIN RES UNFADIN be careful erms, so the	which employed (or employer)	
S S S S S	(c) Name of employer	CONTRIBUTORY (Secondary)
4 - 1 °	6/Ca - 6/ / Ca -	(duration) yrs. mos. ds.
WITH WITH should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted
ECT Sh ≪		if not at place of death?
NLY, ttion H in instru	10. NAME OF FATHER	Did an operation precede death? LO Date of
	SACAL VI HINDUO	Was there an autopsy?
PLAI form DEA'	11. BIRTHPLACE OF FATHER (city or town). Oakely (State or Country)	What test confirmed diagnosis?
7	(State or Country)	(Signed) USECK, M. D.
	12. MAIDEN NAME OF MOTHER (1)	7/70, 1829 (Address) Blackfoot de
WRITE item of i AUSE OF	" San loo	1-1
WRI item o AUSE importa	13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	Oplanoma_	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
very ate C	14. A STORY OF A MAIN!	19, Place of Burial, Cremation, or Removal Date of Burial
-Ever state	Informant	G 110 6 C/3/1928
7	(Address)	Sien wy lloude of 21
ZĘ'n	16. Filed Off Par 1994 Mrollalus E. al	20. Undertaker Address
righ.	Registrar	4 John Blukfort
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midwife.

\_ m., - A - -• • **.** e espes

r RECORD ed EXACTLY, PHYSICIANS Exact statement of OCCUPA-	PLACE OF DEATH  PLACE OF DEATH  County of Coun	DEATH  Local Registrar's No  No
MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT formation should be carefully supplied. AGE should be stated DEATH in plain terms, so that it may be properly classified. Exsee instruction on back of certificate.	(a) Residence. No	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  19. MEDICAL CERTIFICATE OF DEATH  19. DATE OF DEATH
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from , 19, to
	6. DATE OF BIRTH (month, day and year) 1999 7. AGE Years Months Days ILLESS than 1 day, hrs. or	that I last saw h
	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.	Stelborn
	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	CONTRIBUTORY Useful to Kellynesses ds. (Secondary)
	9. BIRTHPLACE (city or town) 10. NAME OF FATHER	(duration)yrsmosds.  18. Where was disease contracted if not at place of death?
	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MORHER	Was there an autopsy?  What test confirmed diagnosis  (Signed)  M. D.
WRITE item of in AUSE OF important.	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
B.—Every ild state ( N is very	(State or Country)  14. Informant Carrier Comparent (Address)  15. Proceedings of the Comparent Carrier Carrier Comparent Carrier	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal  Date of Burial  20. Undertaker  Address
S. J. Shou	Registrar	# 11- St. 11 / Tan falk stay

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STATEMENT OF CAUSE OF DEATH-Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECORD be made for 1929 EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ANENT RN must l Registration District No. State File No. born in hospital or institution (If born in give name.) Prim. Registration District No. 14.9 Local Registrar's No. 356 FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child or other? mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth... ....... (a) Born alive and now living... Born alive but now dead. Stillhorn FATHER MOTHER FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Age at last Birthday Age at last Righthday Color or rac Color or race Birthplace Birthplace nd State or Country (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN/OR MIN I hereby certify that I attended the birth of this child, who was that form on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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STATE OF IDAHO PHYSICIANS t of OCCUPA RECデレビロ NOV 1 8 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No. Registration District No..... Local Registrar's No. Primary Registration District No.2 (If death occurred in a hospital or institution, give its name instead of street and number.) Residence. No... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 8. SEX (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of THEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h alive on. 7. AGE Years Months Days and that death occurred, on the date stated above, at..... The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer (Secondary) (duration) \_\_\_\_yrs. \_\_\_mos. \_\_\_ should ction BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ... Date of..... Did an operation precede death Was there an autopew? What test confirmed 11. BIRTHPLACE OF FATHER (city or town) (State or Country (Signed) important. 12. MAIDEN NAME OF \*State the DISEASE CAUSING DEATH, or in deaths from VIOL CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MO 19. Place of Burial, Cremation, or Removal Date of Burial (Address Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH must Registration District No...... (If born in hospital or institution Prim. Registration District No. Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet in order Child Ma birth . or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead \_\_\_\_\_\_\_Stillborn \_\_\_\_\_\_ FATHER FULLMOTHER MAIDEN FULL numper Residence (Usual place of abode). If non-resident, give place and State It non-resident, give place and State... hale Age at last Birthday Birthplace . Birthplace ... (City and State or County) tate or County) Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillbur on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrár.

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DERLINE OF DEATH State of Idaho BOARD OF HEALTH g OF D Extion District No..... Bureau of Vital Statistics County of File No..... Primary Registration District No. City of... Registered No..... If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp, called for under special ingive its NAME instead of formation. 2. FULL NAME street and number. PERMANENT RECORD
ACTLY, PHYSICIANS should
very important. See instruct PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH (Write the word.) 6. DATE OF BIRTH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from (Day) (Month) (Year) IF LESS than 1 day how many.... er...0 and that death occurred on the date stated above, at 8. OCCUPATION The CAUSE OF DEATH\* was as follows: (a) Trade, profession or particular kind of work.... (b) General nature of industry, business or establishment in which employed (or employer). ......(Duration) Yrs.....mos. 9. BIRTHPLACE Contributory..... (State or Country (Secondary) 10. NAME OF (Duration) WITH FATHER 11. BIRTHPLACE OF FATHER (Address) (State or Country) State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place of death days. State.....yrs....mos..... (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE TO Former or (Informant) usual residence 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15. .....19...... 20. UNDERTAKER ADDRESS Local Registrar SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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	212-10 -02/-243	CITATRE OF IDATIO		
RECORD be made for	County of Trankland OCT 5 1929 DEPA	STATE OF IDAHO		
de de	BI	UREAU OF VITAL STATISTICS		
Ş <b>ï</b>	City of Tuston Ida	CERTIFICATE OF BIRTH		
<b>≅</b> .≊	No St.			
E T	Registration Dist	trict No. 27 State File No. 174880		
PERMANENT RETURN must h stated.	/If how in hospital on institution	on District No2.19 Local Registrar's No		
ERMA ETURN stated.	FULL NAME OF CHILD	Bastian		
Stal	(If stillborn, substitute the word "Stillbirth" for name of child)			
FE J	Sex of Twin and Number in order or other? And of birth (To be answered only in event of plural birth)	Legiti- mate?  (Month)  Legiti- birth  (Month)  (Day)  (Year)		
RAT Of 1	What prophylactic was used to prevent Ophthalmia Neo	natorum? arygrol		
SEPA order	Number of child of this mother, including present birth 7	(a) Born alive and now living		
1 1	Born alive but now dead	Stillborn		
G INK- birth a each, ir	FULL Mile J. Bastian	MAIDEN CALL MOTHER NAME CALL MILIAYAN		
ING st b	Residence (Usual place of abode) Western , Ida	Residence (Usual place of abode) Western, Shu		
O = -	If nonresident, give place and State	If nonresident, give place and State		
日も古	Color or race White Age at last Birthday (Years)	Color or race White Age at last Birthday (Years)		
. • .	Birthplace Tun	Birthplace (City and State or Country)		
VITH than	Occupation City and State or Country)	Occupation Joursewife		
WITH than nd th	CERTIFICATE OF ATTENDIN			
of more	I hereby certify that I attended the birth of this chion the date above stated.  (Sign	ild, who was Stillborn at M.		
WRITE PLA N. B.—In case	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address Filed.			

CERTIFICATE OF BIRTH PULL NAME OF CHILD. 1944 155 Committee to the committee from the following of the committee from the committe What prophylactic was used to prevent Onhthalmia Neonatorum?... and the state of while of the mounteen tradeding present birtie and the read of and now things as supposed that a way place and state, as a suppose as a the same of the state of the st (Ctrand) State or Country) Distinguace (City and State or Country) CERTIFICATE OF AFTENDING PHYSICIAN OF MIDWIFE! Storn alive ! on the date above stated. Where there sas no attending physician Physichen or midwife . or midwife, than the father, householder, etc., shoold make this return. A stillborn child is one that naither breathes non shows other or blonce of life after 1 Th.

¥-18	RECEIVED NOV 7 1929 STATE OF IDA	но		
<b>₩</b>	DEPARTMENT OF PUBLI	l l	THIS SPACE	
55	PLACE OF DEATH BUREAU OF VITAL ST	TANTONICO I		
<u> </u>	County of Frankling CERTIFICATE OF	DEATH State File No	11364	
PHYSICIA t of OCCUI	Registration District No.			
nt F	City of	Taral Danishurata	No	
ORD ACTLY, statement			•	
RECORD EXACT	(No(If death occurred in a hospital or institution, give its	name instead of street and number.)	ř	
	2 FILL NAME	$\gamma$		
r REC ed EX Exact	2. FULL NAME			
7.5	(a) Residence. No	(If nonresident give city or	town and State)	
de sta	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs.	mos. ds.	
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH	
d J d J	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH		
ING PER should rly cla	male white single	Sept 9	19_2	
A H Esh	5a. If married, widowed, or divorced	(Month) (Day)	(Year)	
BINDING IS A PE AGE shou properly c	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended decease		
E A F		, 19, to	•	
FOR THIS ed. A	6. DATE OF BIRTH (month, day and year) 1, 3 / 9 2 9  7. AGE Years Months Days II LESS than 1 day.	that I last saw h alive on	, 19	
	7. AGE Years Months Days/ If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, a	tm.	
E H E E	min.	The CAUSE OF DEATH* was as follows:		
SERVED 1 G INK—1 Iy supplie hat it may	8. OCCUPATION OF DECEASED	Stillborn cun		
SSER NG 1	(a) Trade, profession, or particular kind of work	unknown	######################################	
RGIN RESERVED UNFADING INK— be carefully suppli erms, so that it man n back of certificat	l!		***************************************	
`_i	(b) General nature of industry, business, or establishment in which employed (or employer)	ds		
MARGIN H UNFA ild be ca in terms,	(c) Name of employer	CONTRIBUTORY (Secondary) (duration) yrs. mos. di		
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MAWITH WITH Should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted	mosas.	
ರ ದ ಜ್ಞ ≲	(State or country)	if not at place of death?		
NLY, ttion i TH in	10. NAME OF FATHER Niels & Bastian	Did an operation precede death? Date of	***************************************	
~ ~ ~	A DEPOSITOR AND AN ANAMATINA	Was there an autopsy?	<b></b>	
PLAI form DEA' See	(State or Country)  12. MAIDEN NAME OF MOTHER (city or town)	What test confirmed diagnosis?		
	Mah	(Signed)	, М. D.	
WRITE item of i	12. MAIDEN NAME OF MOTHER Other Sullivan	, 19(Address)		
VRI SE Port	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH or in de	oths from VIOI ENT	
W] Witem Item MDS	(State or Country)	*State the DISEASE CAUSING DEATH, or in dec CAUSES, state (1) MEANS AND NATURE OF whether ACCIDENTAL, SUICIDAL, or HOMICIDA	INJURY, and (2)	
C PO P	14.		Date of Burial	
$^{74}88$ .  Every state (sis very	Informant	10. Lince of Burnar, Ordination, or Removal	Date of Burial	
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- MEN	16. Filed Light 6, 1929 Al / Will	20. Undertaker	Address	
7.45 1.00 1.00	Filed Registrar		·	

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

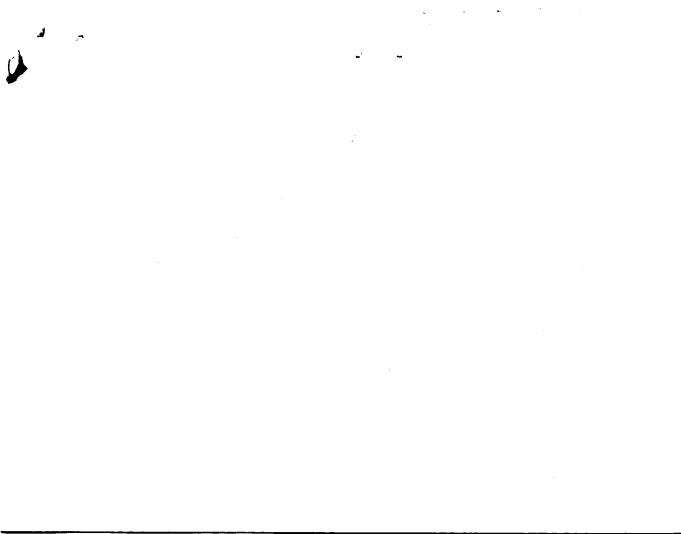
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a

midwife.



LY, PHYSICIANS ment of OCCUPA-	City of Joeur queng	STATE OF IDAH DEPARTMENT OF PUBLIC BUREAU OF VITAL STA CERTIFICATE OF I egistration District No	WELFARE ATISTICS DEATH	DO NOT WRITE IN State File No Local Registrar's	67621
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD item of information should be carefully supplied. AGE should be stated EXACILY, AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instruction on back of certificate.	(If death occurred is  2. FULL NAME	No. The state of t	St. (If How long in U. S., if of  MEDICAI  16. DATE OF DEATH  17. I HEREBY CERTIF  18. Where was disease if not at place of de Did an operation precede Was there an autopsy?  What test confirmed diag (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	nonresident give city or foreign birth? yrs.  CERTIFICATE OF DEA  Month) (Day)  FY, That I attended decease, 19.27, to alive on on the date stated above, a hi was as follows:  (duration) yrs.  (duration) yrs.  contracted ath? Date of	19_2 9 (Year)  ed from  19
N. B.—Every should state C TION is very	14. Informant. Q & Cox. (Address) Cour. & Ol.  15. Filed. 9/28, 1929. M.	J. Stuges Registrar	19. Place of Burial, Cre  80 Undertaker	enty ?	Date of Burial    19 29  Address

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893-125-028-419 Form V. S. No. 11-20m-7-26-19 STATE OF IDARO RECEIVED NCT 10 1929 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH County of ... 174941 Registration District No... St. No. Registered No. 167 Primary Registration District No. 10 5 0 Hospital ..... FULL NAME OF CHILD. (Number Date of ALL Sex of male in order Legiti-Birth mate? of birth Child (To be answered only in event of plural births) (Month) (Day) FULL FULL MAIDEN NAME RESIDENCE AGE AT LAST COLOR COLOR BIRTHDAY. BIRTHDAY ... (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of children of this mother now living, including present bir Number of child of this mother, including present birth A CERTIFICATE OF ATTENDING PHYSICIA I hereby certify that I attended the birth of this child, who was Born alive or stillborn) on the date above stated. \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is (Signature) one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Given names added from a supplemental report. Registrar.

	249-201-029-738	* .
<u>,</u>	PLACE OF BIRTH 11/10	STATE OF IDAHO
ror	County of LATA TT SEP 25 1000PA	ARTMENT OF PUBLIC WELFARE
폭 부	County of A. A. A. Bi	UREAU OF VITAL STATISTICS
RECORD be made fo	City of	CEDERICAME OF DIDENT
9 -	No St.	CERTIFICATE OF BIRTH
<u>.</u> 9		rict No. 65 State File No. 174968
ENT		rict No State File No
월 E	(If born in hospital or institution give name.) Prim. Registration	on District No. 2140 Local Registrar's No
ETURN stated.	CTILLOI	2 エル
<b>353</b>	FULL NAME OF CHILD	bstitute the word "Stillbirth" for name of child)
		obtitute the word Stinbirth for name of child)
교육	Sex of Triplet and in order	Legiti- mate? VES Date of SEPTENIBER / 1929
<b>⋖⋻</b> .∄	Child FEMALE or other? (To be answered only in event of plural b	Legiti- mate? VES birth SEPTENIBER 1 1929 (Month) (Day) (Year)
FAT		1/ 3
2 E	What prophylactic was used to prevent Ophthalmia Neo	
de PA	Number of child of this mother, including present birth	(a) Born alive and now living 6
	<b>)</b>	Stillborn
8.5	FATHER	MODUED
Ž S 🗗	NAME HOMER RAY SMITH	MAIDEN FILEN CLYDE
Par I		
P E N	Residence (Usual place of abode) LATAH CO	Residence (Usual place of abode) LATAIT CO
	If nonresident, give place and State	If nonresident, give place and State
<u> </u>	had the second	10011 17 15 11 /
NFAD ie child umber	Color or race WHITE Age at last Birthday 45 (Years)	Color or race Age at last Birthday Y (Years
	Birthplace CANNON CO TOWA (Tears)	Birthplace LATA
	(City and State or Country)	(City and State or Country)
than the	Occupation A A A A	Occupation HOUSEWIFE
B t €	CERTIFICATE OF ATTENDIN	(-P
LY v more ch an	I hereby certify that I attended the birth of this chi	ild. who was Stillborn at 12:15 PM
를 들 걸	on the date above stated.	
	lature) Myden It and ME	
PLAIN case of 1	( *Where there was no attending physician )	P
	or midwife, then the father, householder,	(Physician midwife)
	etc., should make this return. A stillborn	11 1-1 2 1
	child is one that neither breathes nor Addre	ess ( sough - ) dahr.
B.	shows other evidence of life after hirth	Sex-10 1929 & Ju. Thompso
ż	Filed.	Registrar.
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	LINE DE CHRISTO CED " " " " "	STATE OF IDAHO
ا يود	County of Saladi SEP 25 1929 DEPA	RTMENT OF PUBLIC WELFARE
made	l ' a WI	JREAU OF VITAL STATISTICS 😅 🤏
	City of Gottlulch	CERTIFICATE OF BIRTH
2.8	No St.	CERTIFICATE OF BIRTH
	I	rict No. 65 State File No.
must	432216.029212 Registration Dist	rict NoState File No
1 8	(If born in hospital or institution give name.)  Prim. Registratio	n District No. 2/41 Local Registrar's No.
VIE RETURN	\$ 100 6 -1	
15 to		
		stitute the word "Stillbirth" for name of child)
·윤류	Sex of Twin Number in order	Legiti- Date of
<b>₹</b> E	Child Jewile or other? of birth (To be answered only in event of plural bi	mate? /// birth
2 2 0	What prophylactic was used to prevent Ophthalmia Neo	natorum? C
SEPARAT SEPARAT order of b	Number of child of this mother, including present birth 2	(a) Born alive and now living O
	i	Stillborn 2 ·
w.5	FATHER	NOMITED .
25.d	FULL OP 11 1/	MAIDEN BUTHER PARTY
birth	NAME DAMED M. Prince.	NAME - V
one child at land on the order	Residence (Usual place of abode)	Residence (Usual place of abode) 6-5 Cluster
	If nonresident, give place and State	If nonresident, give place and State
돌통질	Color or race white Age at last Birthday 25.	Color or race while Age at last Birthday 18.
	(Years)	full was (Years)
2 6 c	Birthplace Municipal	Birthplace (City and State or Country)
the the	Occupation City and State or Country)	Occupation Logisticité
- EE	CERTIFICATE OF ATTENDIN	Occupation and Control of Control
Y A	CERTIFICATE OF ATTEMBLY	(Bornative)
S E C	I hereby certify that I attended the birth of this chi	
	on the date above stated.	· · · · · · · · · · · · · · · · · · ·
∃2°	(Sign	ature) & 200 Thompson.
case of 1		
- 2	*Where there was no attending physician	(Physician or midwife)
원년 -	or midwife, then the father, householder,	177.1
	etc., should make this return. A stillborn Addre	
<u>₹</u> ¤i	child is one that neither breathes nor	Jep. 17-1929 Do W. Thompse
ż	shows other evidence of life after birth. Filed.	1901
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BINDING

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 175047 96 State File No..... Registration District No..... (If born in hospital or institution give name.) FULL NAME OF CHILD ..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Date of Sex of in order Triplet irth ... Child Temale mate? or other? (Month) (To be answered only in event of plural births) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living (b) Born alive but now dead / Me Stillborn Qne FULL MAIDEN NAME MOTHER FULL Chie Residence (Usual place of abode) & and If non-resident, give place and State It non-resident, give place and State,..... Color or race Malanage at last Birthday..... Re at last Birthday Birthplace .....(City and State or County) Birthplace to Real (City and State or County) Occupation Adams CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. at 7:00 A. M. I hereby certify that I attended the birth of this child, who was Still form on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder, (Physical n or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

It born in heapital or institution

Born allve but now dead ......

on the date above stated.

Sex of

· foliation

1136 LY

FULL NAME OF CHILD......

or other?

FATHER

It moonwident, give place and State.

(City and State or County)

f Where there was no attending physician

or audwife, then the father, householder. etc., should make this return. A stillborn

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(To be answered only in event of pland blitted

CPARTHENT OF PUBLIC WELFAIR BUHEAU OF VITAL SERTISTICS

CERTIFICATE OF BIRTH

Prim. Registration District No. ... Local Registrar's No. .....

If sullborn, substitute the word "Sullbirth" for name of shilled

(RIDAY)

What prophylarise was used to prevent Ophthalmia Neonatorum? 

MOTHER

It note resident, give place and State.....

elekter or ruce a a maham ware at least Bigithday, maken

Walle moll

('its and State or County) CERTIFICATE OF ATTENDING PHYSICIAN OF MEDIEFE

(Physician or midwife)

I bearby certify that I attended the birth of this child, who was | Stillborn

(Skpathin)

Addres.

Legitti-

mate?

Registrer.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS						
CERTIFICATE OF BIRTH 175059						
et No. 96 File No. 178035						
on Distrigt No. 1009 Registered No.						
lificate of no value without full name of child.)						
Legiti- mate?  Date of S - 24 birth						
a Miliade						
FULL MOTTIER  MAIDEN  NAME  MORALE  MORALE  MORALE  MALORINAME						
RESIDENCE Legiston Idaho						
COLOR A LITE AGE AT LAST 26 BIRTHDAY (Years)						
BIRTHPLACE Lewiston Idelio.						
OCCUPATION House						
DING PHYSICIAN OR MIDWIFE 10 a.						
(Born alive or stillborn)						
ture)						
(Physician or midwife)						
Sept-8 1929. Susan & Bruce						
*/ Registrer.						

A GEN •

PHYSICÍANS of OCCUPA-	RECEIVED SEP 2 3 1929	STATE OF IDAE DEPARTMENT OF PUBLIC	C WELFARE	DO NOT WRITE	IN THIS SPACE
	PLACE OF DEATH	BUREAU OF VITAL ST.		State Tile No	37669
LA	County of Hallow	CERTIFICATE OF 1	DEATH	State File No	V
	City of Lewester	Registration District No. 4	x-//200	Local Registra	's No
LY,		Primary Registration District	Jan B. J. 1	`	
E C E	) (If death occurre	(No.	name instead of street and	number.)	<b>, b</b>
F RECORD ed EXACTLY, Exact statemen	2. FULL NAME Helen US	m sylet.		$\vec{\gamma}$	V
Kac E	(a) Residence. No.	to	St		
ENT state	(Usual place of abode)  Length of residence in city or town where de	th occurred. yrs. mos. ds.	How long in U. S., if o	If nonresident give city of foreign birth?	
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF D	EATH
:MA i b assi	8. SEX 4. GOLOR OR RACE	5. Single, Married, Widowed,	16. DATE OF DEAT	Н	
ING PERI should rly cla	funda White	or Divorced (write the word)	a	(Mooth) (Da	<u>4</u> 19 27 y) (Year)
[ 4 E E	5a. If married, widowed, or divorced HUSBAND of		17. I HERERY CERT	TFY, That I attended dec	·
BINI IS AGE prope	(or) WIFE of		aug 24	, 19 19, to ac	
OR I	6. DATE OF BIRTH (month, day and year)	lug 24 1929	that I last saw h	alive on acc	g 24, 19.29
	7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred	i, on the date stated above	, at / 0 01 m.
		min.	The CAUSE OF DEAT	TH* was as follows:	
E _ + F	8. OCCUPATION OF DECEASED	$\cap$	stell	Barre	
SSE NG Lily tha	(a) Trade, profession, or particular kind of work		Breek	& Present	chon)
4 H ~ 4	(b) General nature of industry, business, or establishment in			(duration)y	rsmosds.
	which employed (or employer)	your.	CONTRIBUTORY		
S to a pig	(c) Name of employer		(Secondary)		•
WITH WITH should plain ction	9. BIRTHPLACE (city or town)	violan Sako.	18. Where was disease		rsds.
NLY, WITE ation shoul I'H in plain instruction	(State or country)		if not at place of	death?	- 1
LX, ion H ii	10. NAME OF FATHER	syler.	Did an operation prece Was there an autopsy	de death	of
	11. BIRTHPLACE OF FATHER (city)	tg(n)	What test confirmed di		ب
PLAI form DEA' See	(State or Country)	lena Mont.	(Signed)	ession	, M. D.
	(State or Country)  12. MAIDEN NAME OF MOTHER	elen White	aug 26, 19	29 (Address) Le	wishen Idel
WRITE m of i ISE OF portant.	13. BIRTHPLACE OF MOTHER (city of	r Abwn)	*State the DISEASE	CAUSING DEATH, or in	deaths from VIOLENT
ir At	(State or Country)	on Halo.	CAUSES, state (1) A whether ACCIDENTAL	CAUSING DEATH, or in MEANS AND NATURE L, SUICIDAL, or HOMIC	OF INJURY, and (2) NDAL.
PO P	14. Informant M & Tella	11.	19. Place of Burial, C	remation or Removal	Date of Burial
-Every state ( s very	(Address)	dala	Levision.	dans.	lug 24 1979
	15.	·	20. Undertaker		Address
A. B. Flouric	Filed, 19	Registrar	Vassarli	nor leary o	Leveston
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH .....State File No..... Registration District No... (If born in hospital or institution Prim. Registration District No. 10.0 9 Local Registrar's No. give name.) FULL NAME OF CHILD... of birth (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Date of Legiti-Sex of birth Qua in order Triplet Child / or other? mate? (To be answered only in event of plural births) (Month (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living Mone Stillborn Born alive but now dead ..... FULL MOTHER MAIDEN FULL NAME ..... Residence (Usual place of abode) Residence (Usual place of abode) ... If non-resident, give place and State Color or race It hatt Age at last Birthday 36 Color or race / hall Age at last Birthday 30 Birthplace ...... Birthplace ..... (City) and State or County) (City and State or County) Occupation Hausewife CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillforn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or mhiwit etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

TALLEDE IDAHO DEFAULT OF PUBLIC WELLIARD BOITEMATE JATIN TO THE STAPPETTICS MANAGER OF STATE OF STREET Registration District No...... 'If at libern, substitute the word "Etinheth" the mane a first dring to how the tangent Legiti 10 10 10E mare? (To be answered selv to event of plaint births) (Month) not programmed and upon the provent Orditalmile Verenturing Sing stim set now dead FILLE FATITE MAHORIN A CONTRACTOR OF THE STATE OF TH If marginters, give place and Mare (Rungy) Birthplace .... Shie bried gifts on Country) (City and Pate of County) CERTIFICATE OF ATTEXIONS PHYSICIAN OR MUNICE. i stilakastit . Parents convirg that I attended the birth of this child, who was Atliborn at Justine where the winder isingulare) . . . . declarated Thing there was no attending physician (Physical in a michygell) or following the father, becaubelder, prodition A acuter cities a stilleds . 219 child is one that neither breathes nor Address shows other evidence of lile after birth.

S -	-WED SEP 2.3 1929 s	TATE OF IDAHO	
AN P	RECEIVED SEP 23 1929 SEPARTME	ENT OF PUBLIC WELFARE	DO NOT WRITE IN THIS SPACE
<u> </u>		FOF VITAL STATISTICS	1
PHYSICIANS of OCCUPA-		FICATE OF DEATH-	State File No. 67672
Ħ,	Pagistration D	Pistrict No. 9 6	
#	City of Lewi Ston, Ida Primary Regis	stration District No. 16.5.	Local Registrar's No
T.Y	• •		
ORD ACTL statem	(If death occurred in a hospital or i	institution dive do an ephonad Hos	delaberalmber.)
	2. FULL NAME Raymon Albin	Dalund	ν <sub>0</sub> ν
REC 1 EX xact	The state of the s		T
	(a) Residence. No (Usual place of abode) Length of residence in city or town where death occurred. yr		(If nonresident give city or town and State)
	Length of residence in city or town where death occurred.	s. mos. ds. How long in U.	S., if of foreign birth? yrs. mos. ds.
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
	8. SEX 4. COLOR OR RACE 5. Single, Mar. or Divorced (w	ried, Widowed, 16. DATE OF rite the word)	DEATH
ING PERN should rly clas	Male White		(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	17 THEPERS	CERTIFY, That I attended deceased from
BINI IS A AGE prope	(or) WIFE of	ang	19 1929 to and 19 1929
R S A g	6. DATE OF BIRTH (month, day and year) $8/19/29$		hom alive on born the A 19
FOR THIS led. A			occurred, on the date stated above, at /2 mm.
1 0	stillborn		DEATH As as/follows:
RVEI INK supp it n	8. OCCUPATION OF DECEASED	moll	is had measures,
RESERVED DING INK- efully suppl to that it m of certifica			
RESING Full of th	(a) Trade, profession, or particular kind of work		
N RES FADIN carefull 8, 80 th	<ul><li>(b) General nature of industry, business, or establishment in</li></ul>		(duration)yrsmosds.
	which employed (or employer)		RY
ARG UN be term	(c) Name of employer	(Secondary)	
J H &	9. BIRTHPLACE (city or town)		(duration) wyrs. mos. ds.
M.WITH WITH should plain ction	9. BIRTHPLACE (city or town) Lewiston, I	18. Where was if not at pl	disease contracted ace of death?
M NLY, WITI tion shoul I'H in plain instruction	10. NAME OF FATHER	Did an operation	n precede death? 720 Date of
in High	O.A. Oslund		autopsy? 220
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confi	rmed diagnosis?
S S S	(State or Country)  Troy, Idaho  12. MAIDEN NAME OF MOTHER BOLL Schm	(Signed)	Tall W June Dy Dy
	12. MAIDEN NAME OF MOTHER Belle Schm	Jug 21	, 19 29 (Address) Lowriton Lday
	Derre Somm	(/-	
WRI item o AUSE imports	13. BIRTHPLACE OF MOTHER (city or town) (State or Country)  Grangevill	*State the DIS	SEASE CAUSING DEATH, or in deaths from VIOLENT (1) MEANS AND NATURE OF INJURY, and (2) ENTAL, SUICIDAL, or HOMICIDAL.
7.3	orangevi ii		
lvery ate CA	Informant O A Oslund	11	urial, Cremation, or Removal Date of Burial
-Ever state is ver	(Address) Clarkston.	Wash. Clarks	ston, Vas <b>k</b> 8/21/29 19
84 Z	15.	20. HUndertaker	rchant Clarkston n.
	Filed , 19	Registrar	2 CLUMP OUT WILL

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STATE OF IDAM  PECELVEL SEP 23 1929  PLACE OF DEATH  County of City of Person Registration District No.  (If death occurred in a hospital or institution, give its property of the property of	DEATH  No
Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS	How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED	that I last saw h alive on
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)
9. BIRTHPLACE (city or town)  10. NAME OF FATHER  10. NAME OF FATHER	(duration) yrs. mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?
11. BIRTHPLACE OF FATHER (city or town) Rewiston (State or Country)  12. MAIDEN NAME OF MOTHER 4	Was there an autoff?  What test confirmed discrease?  (Signed)  (Signed)  (Address Survey Dalle.
18. BIRTHPLACE OF MOTHER (city or town) Sagle (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14. Informant 4 of Decicio Delico Del	19 Place of Burial, Cremation, or Removal  Date of Burial  19 Lewiston  10 Lewiston
	PLACE OF DEATH  PLACE OF DEATH  County of City of County of City of City of County of City of

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PLACE OF BIRTH 754 STATE OF IDAHO PERMANENT RECORD RETURN must be made for h stated. County of RECEIVED SEP 2 4 1929 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS. City of CERTIFICATE OF BIRTH No. ...... St. Registration District No. 4 State File No. (If born in hospital or institution Prim. Registration District No. 1008. Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet and in order mate? Ye shirth .....Aug\_ SEPARATE IS A order of birtl Child Male or other? of hirth (To be answered only in event of plural hirths) (Month) 3 (a) Born alive and now living Number of child of this mother, including present birth Born alive but now dead.... Stillborn. G INK. birth a FATHER MOTHER FULL FULL Gilbert Haves MAIDEN Eunice Pemberton. NAME UNFADING one child at bi Residence (Usual place of abode) Pavette. Idaho Residence (Usual place of abode) Pavette. Adaho. If nonresident, give place and State If nonresident, give place and State White Color or race White Age at last Birthday.... Age at last Birthday.... (Years) Idaho Oklahoma. Birthplace ..... Birthplace. case of more than o (City and State or Country) (City and State or Country) Farmer Occupation .... Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® Stillborn Born alive ) 4.00 a.m. M. I hereby certify that I attended the birth of this child, who was \ Stillborn on the date above stated. (Signature) \*Where there was no attending physician Physician.... or midwife, then the father, householder, WRITE B.—In (Physician or midwife) etc., should make this return. A stillborn Payette. Idahd. child is one that neither breathes nor Address shows other evidence of life after birth.

DEBARCINE WELLO WELLO SUPPLY OF MINT STATES CERTIFICATE OF BIRTH Coving Control No. arsiniideni zo listigas, as area the Less to all P. Homstration District V. - (N.31397), Web 1852 + The state of the s Assurance of mining them. I were nothern new objected as a sufficient and the state of the state of the second state of the sta One of the state o THE STATE OF SOME AND ASSESSED OF STATES OF THE STATES OF t hereby certify that first order the best of this child, was any ( stiffing) settling the en the date above stated. (Signature) Language Commence of the Commence in the rethrese there was no other and obvious than I confidence und religional medicativation of an she nid make this return. A stillbern Leser like e his to one that neither breather har ! In secretary of the after birth.

OFD 0 4 1000	STATE OF IDA		
RECEIVED SEP 24 1929	DEPARTMENT OF PUBL		DO NOT WRITE IN THIS SPACE
PLACE OF DEATH	BUREAU OF VITAL S		State File No. 57692
County of fautle	CERTIFICATE OF		State File No
City of Parmite	, Registration District No	41110	Local Registrar's No. 301
City of	Primary Registration Distric	t No. [	Local Rogistral & Ross
0	(No		)
(If death occu	rred in a hospital or institution, give it		and number.)
2. FULL NAME	Saby / Yay	el.	$\mathcal{P}_{\mathbf{o}}$ .
(a) Residence. No	1	St.	<u> </u>
(Usual place of abode)	U U		(If nonresident give city or town and State) if of foreign birth? yrs, mos, ds,
Length of residence in city or town where	death occurred. yis. mos.	1	
PERSONAL AND STATIST			DICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RAC	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DE	ATH.
male while	- single.		(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
HUSBAND of (or) WIFE of	-	17. I HEREBY C	ERTIFY, That I attended deceased from
		ung !!	
6. DATE OF BIRTH (month, day and yes		that I last say h.	11000
7. AGE Years Months	Days LESS than 1 day,	RDG TERM GERTH OCCU	irred, on the date stated above, at
	min.		EATH* was as follows:
8. OCCUPATION OF DECEASED		- James	worm.
(a) Trade, profession, or particular kind of work	bales!		. 3
			,
<ul><li>(b) General nature of industry, business, or establishment in</li></ul>	v		(duration)yrsmos.
which employed (or employer)		CONTRIBUTORY	
(c) Name of employer		(Secondary)	
	Zan ite da .		(duration) yrs. mos.
9. BIRTHPLACE (city or town) (State or country)	July Gra	18. Where was dis	sease contracted
10. NAME OF FATHER	10 10 11-0	-	or death? Date of
1 1 The state of the	es loayer.		
11. BIRTHPLACE OF FATHER (city	or town)	Was there an auto	
(State or Country)	700	What test confirme	O North Aller
(State or Country)  12. MAIDEN NAME OF MOTHER	Jua.	(Signed)	Comment of the second of the s
12. MAIDEN NAME OF MOTHER	unice Tumberla	any ka	19 (Address) Jay Wy
10 DIDTUDI ACE OF MOTURE (-14	r on town)	*State the DISEA	ASE CAUSING DEATH, or in deaths from VIOLE
18. BIRTHPLACE OF MOTHER (city (State or Country)	San Fred	CAUSES, state (1	ASE CAUSING DEATH, or in deaths from VIOLE.  MEANS AND NATURE OF INJURY, and TAL, SUICIDAL, or HOMICIDAL.
	uning.	•	
14. Informant Toloner Ve	mer ton	19. Place of Buria	l, Cremation, or Removal Date of Burial
(Address)	Par Do	1. Marie	es Creeks, any 11 10
is a second	001	Undertaker	Address
10. Fileduig /2, 19 20	XISTOUNWAND	1 June	Charles Sant Sant Sd
	Registrar	" / 1333-50	- puring our
•	,	/	

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"Sheal," "Tunnii," "My. "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 175167 Registration District No. State File No. (If born in hospital or institution Prim Registration District No. 1009 Local Registrar's No. 13 give name.) FULL NAME OF CHILD..... of birth (If stillborn, substitute the word "Stillbirth" for name of child) Number Ťwin Date of Legiti-Sex of Triplet and d in order mate? birth . Child/ or other? (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (a) Born alive and now living.... Number of child of this mother, including present birth .... Born alive but now dead.......Stillborn FULL MAIDEN If non-resident, give place and State It non-resident, give place and State Color or race Birthplace ..... (City and state or County) (City and State or County) Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR. I I hereby certify that I attended the birth of this child, who was Still orn on the date above stated. (Signature) \*Where there was no attending physician WRITE or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

September District No. Print Registration Method by the Local Contracts of CHILD. Substitute aubstitute in cone "ethnical le cone" to and the state of the state o Name of the Trees the first briefs (wild brile) Temporale was read to porrect Coutshalasia Megaatorum? remains of course or this medical facilitating process blett, more attaching and the land and the land of the course of the cour Hord after that aims dead ........ Land bank to make a line of the land of th If for relient, glucyberr and flate, a course the conference to an except the part of the state of Column tare of the Age at less that has Hierdypines (Tipe and Mare un Company TERTIF METER OF ATTENUES PHYSHIAN OR MUNITER Theory certify that I attantied the block of this child, who wast Mallidge an the state above statest. (orkidanalis) entialistic unibassis to sen orani gradit. - Indian an enter util or milwife, changled lather, householder, pit, shortly water this relater A cillborn child is one that neither brestles nor duly other medence of his after think

El VILLO NOV 21 1929

DIVISION OF VITAL STATISTICS DEPARTMENT OF COMMERCE EUREAU OF VITAL STATISTICS

C.K.MACEY SPECIAL AGENT.

	Boise, Idamo	OCT 2 2 1929 -
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175107

Mrs. W.L. Corbin

New Plymouth

BIRTH REGICEPATION IS A PART OF EVERY CHILD'S BIRTHRUMT. DO YOUR DUTY BY YOUR CHILD AND COMPRESS THE GERTIFICATE.

Dear Madam: -

IDAMO is now in the United States Birth Registration Area and it is essential that birth certificates he made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL	NAME	OF CHILD Lac	Vada IIIa	rie	Corbin.
PLACE BIRTE		New Plymouth	DATE OF BURTH	lug. 3	SEX OF CHILD Female
2. ]	Number Born a	of children be born alive and live but now de of children st	now living	er, inc Turns	
			(Please write p	lainly	
In	format	ion with refers FATHER	nce to		Information with reference to $\underline{M}$ C T H E R.
<u>U</u>		(Respience)	•	Sa	Men Pajmonthi (Residence)
Age	at la	St birthday file (Birthplace)  (Decupation)	ty two	·	t last birthday thirty four diddletox Idaho. (Birthplace)

Thanking you in advance for your courtes; in taking care of this matter immediately in order that the record may be completed, I am,

C.M. Macey,

Special Agent, Bureau of the Census.

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PERMANENT RECORD EFTURN must be made for 1 stated.	PIREC OF BETCH NOV 1929  STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  No St.  (If born in hostital or institution give name.)  Prim. Registration District No. O. Local Registrar's No. 4-3
S A PERMAN TE RETURN birth stated.	Sex of Child Cross and South of the Child Child Cross and Child Child Cross and Child Cross and Child Cross and Child Cross and Child Cross and Cr
SEPARA order of	What prophylactic was used to prevent Ophthalmia Neonatorum?  Number of child of this mother, including present birth (a) Born alive and now living  Born alive but now dead Stillborn
NG INK- at birth a of each, in	FULL Harry D. Johnson FULL MAIDEN Helen Buchanay Residence (Usual place of abode)
UNFADI one child number	If nonresident, give place and State  Color or race  Age at last Birthday  (Years)  Birthplace  Birthplace  Birthplace  Birthplace  Birthplace
WITH re than and the	Occupation (City and State or Country)  Occupation Occupation Occupation (City and State or Country)  Occupation Occupati
WRITE PLAINLY B.—In case of mo each	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor
N. B.	shows other evidence of life after birth. Filed 10/2/1979 WH Modes. Registrar.

at . 

S.A.		STATE OF IDAI	HO
ANS JPA-	1	RECEIVED NOV 7 1929 EPARTMENT OF PUBLIC	C WELFARE DO NOT WRITE IN THIS SPACE
55		PLACE OF DEATH BUREAU OF VITAL ST	ATISTICS C "/ Q
PHYSICIAN of OCCUP	ĺ	CERTIFICATE OF	DEATH State File No.
F F	Co	ounty of	
<b>₽</b> .	Ci	Registration District No	I con! Domintuonia XI.
e.~	OI.	Primary Registration District	No. 1004
ECORD EXACTLY, ict statemen		(No. SE alkha	
ORD ACTL statem		(If death occurred in a hospital or institution give its	name instead of street and number.
RECORD EXACT act state			
S S S	2.	FULL NAME William Askill	mion y.
PE 12		(a) Residence. No. Receive Haleb	St.
F Fed	! _	(Usual place of abode)	(If nonresident give city or town and State)
deta E	<u> </u>	ength of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
NG PERMANENT hould be state y classified. F		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. I . I . I . I . I . I . I . I . I . I	8.	. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH
Clark ER	•	or Divorced (write the word)	Oct, 17 1925
ING PER should	-		(Month) (Day) (Year)
	51	a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
BINI IS L	İ	(or) WIFE of	19, to
#	-	DATE OF BIRTH (month, day and year)	
FOR THIS ed. A	i	AGE Years Months Days If LESS than 1 day,	that I last saw h alive on , 19
ID FO	7.	hrs. or	and that death occurred, on the date stated above, atm.
SERVED FOR INK—THE SUPPlied IN SUPPlied that it may certificate.		- Dultwary min.	The CAUSE OF DEATH as as follows:
SVE INK sup it 1	8.	OCCUPATION OF DECEASED	
2 T - 5 T		(a) Trade profession or	
RGIN RESE UNFADING be carefully erms, so that n back of ce		(a) Trade, profession, or particular kind of work	
RE DI DI S		(b) General nature of industry,	(4
FAD caref		business, or establishment in which employed (or employer)	(duration)yrsmos. ds.
CIT NE NE C		(c) Name of employer	CONTRIBUTORY (Secondary)
<b>—</b>		(c) Name of employer	
MA NLY, WITH ation should I'H in plain instruction	۱.	HIDWHDI ACE (alter on town) Back	(duration) yrs, mos. ds.
tion VI		(State or country)	18. Where was disease contracted if not at place of death?
n s		10. NAME OF FATHER 1	Did an operation precede death? Date of
E Tiest		Harvey () tohuson	Was there an autopsy?
r PLAINLY information F DEATH i	_		•
	E	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis?
및 충모 <sub>2</sub>	E	(State of Country)	(Signed) , M. D.
<b>—</b>	PARENTS	and the state of t	), 19(Address)
£ 20 H	P4	12. MAIDEN NAME OF MOTHER BUCKANAN	
WRITE m of i ISE OF		Boul	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
WRITE item of i AUSE OF important.		18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	-		19. Place of Burial, Cremation or Removal Date of Burial
Svery ate C very	1	Informant farming formand	
-Every state C is very	1	(Address)	midvale, Ida 10-18"2
\ <b>1</b> 5	-	The state of the s	20./Undertaker Address
N. B. Hould	1	15. Filed 10-1, 19-29	Alsokastille Burn
245	<u></u>	Registrar	The court of the many

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH-Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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head-homicide; Poisoned by carbolic acid-probably sui-

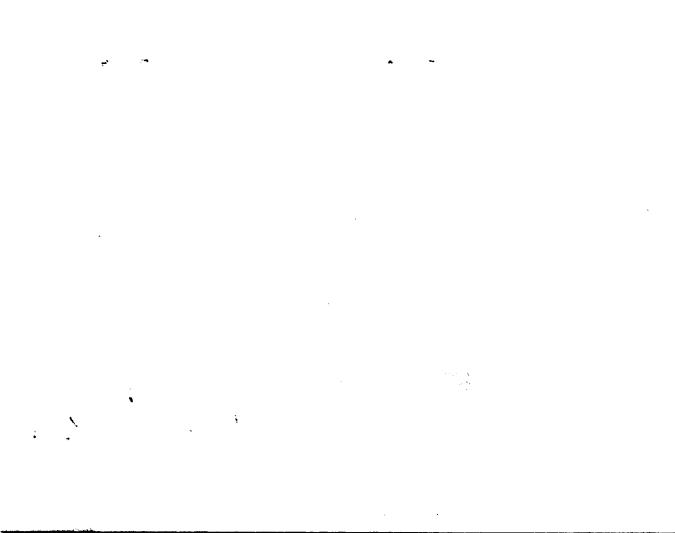
cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

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head of "Contributory."

STATE OF IDAHO 1926 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. ..... Registration District No..... State File No. (If born in hospital or institution Prim. Registration District No. 2003. Local Registrar's No. 32 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet in order mate? L/e birth Child 94 or other? of birth (Month) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum?.. Number of child of this mother, including present birth..... \_ (a) Born alive and now living Stillborn. Born alive but now dead. MOTHER FULL MAIDEN Residence (Usual place of abode)... If nonresident, give place and State If nonresident, give place and State Age at last Birthday Color or race Color or race Birthplace Birthplace . and State or Country) City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDVIFE\* I hereby certify that I attended the birth of this child, who was i Stillbern on the date above stated. ₻ (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address ..... shows other evidence of life after birth. ż Registra



STATE OF IDAHO RECEIVED NOV 9 PHYSICIAN t of OCCUP. DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH County of Registration District No..... Local Registrar's No. LO Primary Registration District No..... A PERMANENT RECORD 2. FULL NAME..... (If nonresident give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 8. SEX COLOR OR RACE Single, Married, Widowed, or Divorced (write the word) (Month) (Dav) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_\_, to\_\_\_\_\_\_\_\_, 19 6. DATE OF BIRTH (month, day and year) ( Luca that I last saw h alive on 19 7. AGE Years Months and that death occurred, on the date stated above, at \_\_\_\_\_\_m The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... 7 me (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. mos. 9. BIRTHPLACE (city or town (State or country) 18. Where was disease contracted if not at place of death? .... 10. NAME OF FATHER Did an operation precede death? h D Date of Was there an autopsy? What test confirmed diagnosis? 11. BIRTHPLACE OF FATHER/(city or town (State or Country) 12. MAIDEN NAME OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town (State or Country) Date of Burial Informant (Address)

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Do not accept a certificate of death signed only by a

midwife.

r RECORD t be made for	No, St.	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  State File No. 175382
PERMANENT RETURN must	FULL NAME OF CHILD. Still	on District No. 2049 Local Registrar's No. 25
YE I	Sex of Twin Triplet and Number in order or other? (To be answered only in event of plural by	//
SEPAR.	What prophylactic was used to prevent Ophthalmia Neo Number of child of this mother, including present birth Born alive but now dead.	natorum?  (a) Born alive and now living 2  Stillborn
j INK- birth a each, in	FULL Joseph Kalrier	FULL MATTHER MOTHER MADEN MARGARETH Provent
UNFADING one child at number of	Residence (Usual place of abode)	Residence (Usual place of abode)  If nonresident, give place and State
TH UN	Color or race Age at last Birthday  Birthplace (Years)  Occupation Occupation	Birthplace Anning Mcn (Years)  (City and State or Country)  Occupation
PLAINLY WITH ase of more than each and the	I hereby certify that I attended the birth of this chi on the date above stated.	G PHYSICIAN OR MINWEFE
WRITE PLA N. B.—In case	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Addre	(Physician as aidwide)
1		v v v v v v v v v v v v v v v v v v v

OB GE TO TEATS SERVED BELLEVILLE OF SERVED STREET TERMINE OF VITAL STREET CHATTACATE OF BREEN JES Hones Lake Carrier No. to linker or interest of prod Prince Beginson Pistoict No. 7. HAL MARIE OF CHILD The time of the first of the time of the time. Tologo adoption and the second state Summer, of child of this quiter, inside ... pleaces in the ....... 4、胡桃花、杏 Born clive but new dead .. horsecold (Bacal place of about) .... in thirties in .... it stones (thus glace of about of all the stones of the stone of th If note with the place time Mute. tiere aud Dut be unatreit (Char and Siate or Country) Orgupation .... DERRICOVER OF ATRESPERS PROSIDENCE CONTROL I hereby certify that I attended the hirth of this while, who was I stillion. you the date above stated. cignians) \*Where there was no attanting above a a or midwife, then the latter, householder. cia, chaile make the return. A sufficient bild is one that neither areather nor cheers other evidence of little-of-ex birth.

A.	RECEIVED NOV 1 2 192	STATE OF IDAR	Ю		
IA		C WELFARE	DO NOT WRITE	IN THIS SPACE	
SIE	- PLACE OF DEATH	BUREAU OF VITAL ST.  CERTIFICATE OF 1	المناحب الشاخب		
HY of (	County of Benewah	Registration District No		State File 140	4.0
nt o	City of St. Maries	Primary Registration District	No 2049	Local Registr	ar's No. 29
LY,				`	/
RD tate	(If death occurre	(Noed in a hospital or institution, give its		number.)	6
r RECORD ed EXACTLY, Exact statemen	2. FULL NAME	Stillborn	<b></b>	$\gamma^0$	
R. R.	(a) Residence. No.	11- 1111111	St	**************************	
Z ta	(Usual place of abode) Length of residence in city or town where de	•	How long in U. S., if of	If nonresident give cit-	y or town and State) yrs. mos. ds.
IS A PERMANENT AGE should be state properly classified. E	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF	DEATH
tMA 1 b 188i	3. SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEAT	н	
	I male white.	or Divorced (write the word)		Cect	9 1829
1 0 T	5a. If married, widowed, or divorced				Day) (Year)
AGE prope	HUSBAND of (or) WIFE of			TFY, That I attended d	
ا رہ کو ب	6. DATE OF BIRTH (month, day and year)	act - 9- 1929			
THIS ed. A	7. AGE Years Months	Days If LESS than 1 day,	ĺ		, =
ate ma		hrs. or min.	and that death occurred, on the date stated above, at		
Sup it r	8. OCCUPATION OF DECEASED				
Ser Ser Ser Ser Ser Ser Ser Ser Ser Ser	(a) Trade, profession, or particular kind of work		Stillborn		
	(b) General nature of industry.				***************************************
NFA NFA NFA ms, s back	business, or establishment in which employed (or employer)			•	_yrs mos ds.
UNF. be contemporate terms,	(c) Name of employer		CONTRIBUTORY (Secondary)		
5 m ~ ~ ~	a programma data	Marie		(duration)	_yrsds.
VLY, WITH tion should H in plain instruction	9. BIRTHPLACE (city or town) (State or country)	<i>V</i>	18. Where was disease if not at place of o	contracted	
tru ii	10. NAME OF FATHER	Q- 6 0	Did an operation prece	de death? Dat	e of
TH atic	po gran	savuer	Was there an autopsy	7	
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city of	town)	What test confirmed di	agnosis	l .
infinite D	11. BIRTHPLACE OF FATHER (city of (State or Country)	9 Och	(Signed)	29 (Address)	., М. D.
WRITE PLAINLY, item of information AUSE OF DEATH in important. See instri	12. MAID NAME OF MOTHER	mirat		4.7 (Address)	
WRI item o AUSE import	13. BIRTHPLACE OF MOTHER (city,	or town Lansing	*State the DISEASE	CAUSING DEATH, or	in deaths from VIOLENT E OF INJURY, and (2)
	(State or Country)	neligan T	whether ACCIDENTAL	L, SUICIDAL, or HOM	ICIDAL.
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1929 PLACE GIVE DI RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of I. Della CERTIFICATE OF BIRTH -THIS IS A PERMANENT SEPARATE RETURN must order of birth stated. Registration District No. 312-107.006-56 (If born in hospital or institution, Myn. Registration District No. O. J. Local Registrar's No. 3 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of word) Number Date of Sex of Legiti-Triplet and in order birth or other? Child 1 (To be answered only in event of plural births) (Month) (Day) (Year What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive and now living Number of child of this mether, including present birth..... Born alive but now dead Stillborn. MOTHER FATHER FULL birth MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) child If nonresident, give place and State. If nonresident, give place and State. Age at last Birthday... Age at last Birthday Color or race (Years) Birthplace (City and State or Country) Occupation -Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. more PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician (Physician or-midwift or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF BIRTH Regisse upp Manier von Sein eine Von beit arign. Registration District designal of a gut Bankarank FULL NAME OF CHILDING Again to may a Rex of with the first the second without the safe and the wilde to be found that I hereby certify that I attended the birth of this , wild, who was the from the date above stated. Where there was no attending physician or vidwife, then thatland or householder. etc., should make this return. A stitlenen wild is being that naither broutlers nor shows other evidence of His after brink.

RECORD I EXACTLY, PHYSICIANS Exact statement of OC-	PLACE OF DEATH  PLACE OF DEATH  County of Place of Death  City of Place of Death  City of Primary Registration District No.  (If death occurred in a hospital or institution of Place of abode)  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	DEATH State File No
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT B N. B.—Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly classified. CUPATION is very important. See instructions on back of certificate.	3 SEX  4 COLOR OF FACE  5 Single, Married, Widowed, or pivorced (write the word)  5a If married, widowed, or divorced  HUSBAND of (or) WIFE of Months  6 DATE OF BIRTH (month, day and year)  7 AGE  Year  Months  Days  If LESS than day, mins.  or min.  8 OCCUPATION OF DECASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, businese, or establishment in which employed (or employer)  (c) Name of employer  9 BIRTHPLACE (city or town) DAMMAN (State or country)  10 NAME OF FATHER  MONTH OF TOWN  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER (city or town)  (State or country)  14 Informant  (Address)  SALECT FOR MOTHER (city or town)  15 Filed  Registrar	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month)

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i i	PLANE OF MAN NOV 8 1929	STATE OF IDAHO
RECORD be made for	County of Caraca	TMENT OF PUBLIC WELFARE
nad Lad	City of all Class	REAU OF VITAL STATISTICS
E E	No. T. Ramuao St.	CERTIFICATE OF BIRTH
E t	55/-109:006-23/ Registration District	ct No. State File No. 1 10000
		District No 9/94 Local Registrar's No 523
SES 5	FULL NAME OF CHILD Somuel Cisch	. 9.
ERMANENT ETURN must stated.	(If stillborn, substi	itute the word "Stillbirth" for name of child)
A P. E RE	Sex of Twin Triplet and Number in order or other? (To be answered only in event of plural birth	Legiti- mate 2  Date of birth 1929  (Month) (Day) (Year)
IS of b	What prophylactic was used to prevent Ophthalmia Neona	
IIS PAR		2/
E SE		a) Born alive and now living
H	TA A PROTECTION	FULL CALL MOTHER
ZIT4		MAIDEN Slady, Statten
at po	Residence (Usual place of abode) Bludy and dukor	Residence (Usual place of abode) Bludyant Odolo
A ild	If nonresident, give place and State	If nonresident, give plate and State
E SE	Color or race Age at last Birthday (Years)	Color or race Age at fast Birthday (Years)
	Birthplace / WWY / WWW B	Birthplace City and State or Country)
Eat	Occupation When C	Occupation Humburg
a t	CERTIFICATE OF ATTENDING	(Tallery)
Pag C	I hereby certify that I attended the birth of this child,	, who was Straborn at
of ea	on the date above stated. (Signate	ure) F Crantchell
PL/ case	( *Where there was no attending physician )	
	or midwife, then the father, householder,	Physician or min ()
E	etc., should make this return. A stillborn Address	Maery roll vages.
N. B	shows other evidence of life after birth. Filed.	Vol / 1929 pm Chalen Jalui

	PURS WELLS.  TEAL STATISTICS  TE OF BIRTH  State File N	SURPAN OF N OCERTIFICAL strick No	Rogistration . 'i		A COLUMN TO THE STATE OF THE ST	22
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(cent)	Dirin (March)	-trand. Thense father	medicilis () transcriberes estant estant () t teans () tearne as estant	Triplet or other	State of the state of	Sex of Child
gastin			ont Ophthelmin No		prophylactic v	What
***	. Call survive weights	<b>भूगांत १ १८व -</b> १५ -	present birth	mother, lechding	होती कि भीतिक कि प्र	on make
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R. CV	stiesest of	(enniar		tated.	date above s	on the
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Marie Marie Decision Decision

ECORD EXACTLY, PHYSICIANS Exact statement of OG-		DO NOT WRITE IN THIS SPACE STATISTICS DEATH Local Registrar's No
	(a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	St.  (If nonresident give city or tewn and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
E BINDING IS IS A PERMANENT I AGE should be stated be properly classified. tificate.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Diverced (write the word)  5a if married, widowed, or divorced HUSBAND of (or) WIFE of  6 DATE OF BIRTH (month, day and year)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  19 29  17 DEREN CERTIFY, That attended deceased from 19 29  18 19 29  19 29  19 29
RESERVED FOIDING INK—TH refully supplied so that it may on back of cer	7 AGE Years Months Days If LESS than 1 day, hrs. or min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	and that death occurred, on the date stated above, at 701 m  The CAUSE OF DEATH* was as follows:    Brick, Frinting 700.
MA  E PLAINLY, WITH  of information should  OF DEATH in plain important. See instru	9 BIRTHPLACE (city or town) Bold Alfred Mann  10 NAME OF FATHER Muser E. Events  11 BIRTHPLACE OF FATHER (city or town) (State or country)  Murray. Wah  12 MAIDEN NAME OF MOTHER Lays Matter	(duration) yrs. mos. ds  18 Where was disease contracted if not at place of death?  Did an operation precede death? Date of Was there an autopsy?  What test configned diagnosis?  (Signed) 1. (Address) Bull of M. D. G. G. M. D. G. M. D. G. G. M. D. G. M
WRITE WE B-Every item of should state CAUSE CUPATION is very in	14 Informant Milliam C Commo (Address) June (Addres	TSTATE THE DISEASE CAUSING DEATH, OF IN deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal Date of Burial 19 20. Undertaker Address

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No.....State File No.... (If born in hospital or institution Prim. Registration District No 904 Local Registrar's No 242 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order mate 2 FS birth Child or other? (To be answered only in event of plural births) (Month) (Year) What prophylactic was used to prevent Ophthalmia Neonatorim? Born alive but pow dead......Stillborn FULL MAIDEN NAME Residence (Usual place of abode).... Residence (Usual place of abode) It non-resident, give place and State If non-resident, give place and State Age at last Birthday Birthplace ...... Birthplace .... (City and State of County) (City an State or County) Occupation .... Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder. (Physician or midwife) etc.. should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

iteriotration adjusted No. william an inclusive Print Berintonion Dartin No. 13 1 Local Berintonio ill stellfleite, entheliteie the word Stitubirth for unne Tedmo rabro al - bas (admid family in town of rise between office) (Mouth) distriction was peak to provent Orbitalists Newsday Hose wou the walk made here ereien eine pleie stel Ber TARREST THE 12 NAME OF THE PARTY TO THE PART meditall hed to the second of the second Hirripplace berthingse (Curs out state of County) (clus and blate or County) Occupation ... DOGATEROC CERTIFICATE OF ATTRADURG DBY SICIAN OF MIDNIFES freile beell the best scales and hattended the birth of this child, who was I seek entere was no attenting physicism or midwife, then the father, honeshulder, cie, should make this miscs. A stillborn Para de la companya d non waterest tentiled talk one of bide as abbi diame near eridones of the after birth.

RECEILL NOV 1 2 1929 STATE OF IDAHO PHYSICIAN t of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No..... CERTIFICATE OF DEATH County of Registration District No. Local Registrar's No... stated EXACTLY. Primary Registration District No. A PERMANENT RECORD its name instead (If death occurred in a hospital or institution, give 2. FULL NAME. Residence, No. (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 8. SEX COLORI OR RACE 5. Single, Married, Widowed. 16. DATE OF DEATH should or Divorced (write the word) \_ (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AGE 17. I HEREBY CERTIFY, That I attended deceased from . 19 2 9, to 6. DATE OF BIRTH (month, day and year) that I last saw h\_\_\_\_ alive on 7. AGE Years Months Davs and that death occurred, on the date stated above, at hrs. or The CAUSE OF DEATH\* was as follows min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) \_\_\_\_\_(duration) \_\_\_\_\_yrs. \_\_\_\_mos. should 9. BIRTHPLACE (city or town 18. Where was disease contracted if not at place of death? ............ (State or country) 10. NAME OF FATHE Date of\_ Did an operation precede death? Was there an autopsy? ..... PARENTS 11. BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis? (State or Country) (Signed) 🕢 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 13. BIRTHPLACE OF MOTHER (city or town CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) 14. Burial. Cremation, Date of Burial Informant (Address) Address Registrar

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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PHYSICIÁN F of OCCUPA	PLACE OF DEATH 0 1929 DEPARTMENT OF PUBLIC BUREAU OF VITAL ST	ATISTICS DO NOT WILLIE IN THIS SPACE		
XS OC	County of			
PH	Registration District No	90		
<b>=</b>	City of Crafino Primary Registration District	No. 2187 Local Registrar's No. 104		
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ENT RECORD stated EXACTLY, d. Exact statemer	2. FULL NAME Bally not named			
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EN.	Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.		
DING A PERMANENT should be state erly classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
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•= 6 .3 i	hrs. or min.	The CAUSE OF DEATH* was as follows:		
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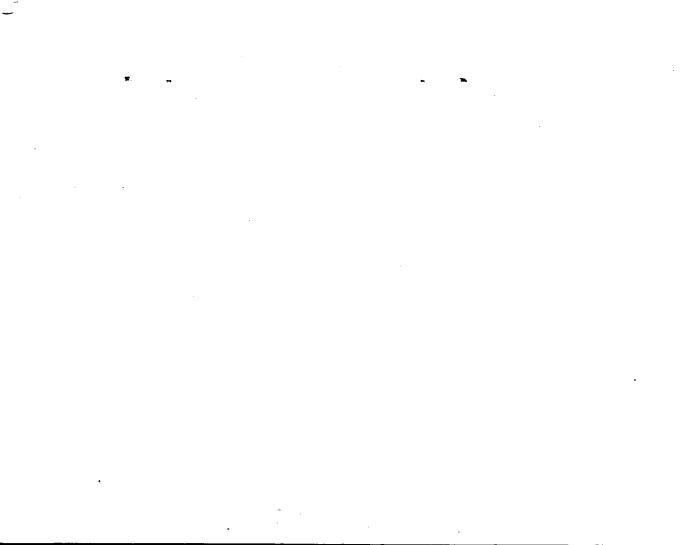
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CERTIFICATE OF DEATH State of Idaho BOARD OF HEALTH PHYSI-Registration District No. PLACE OF DEATH. Bureau of Vital Statistics County of Latah\_ Primary Registration District No. 1011 File No. 6700 BECORD.

d EXACTLY. 1
classified. Exac City of Moscow (No. Inland Hespital st.) Registered No ... If death occurs away from usu-If death occurred in a hospital, inal residence, give facts called for under special information. 2. FULL NAME Robert Milton Clark stitution or camp give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-3. SEX 16. DATE OF DEATH OWED OR DIVORCED. Cctober 16 19 Male White (Write the word.) (Month) (Day) 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from should 1 929 Cotober 16 to\_\_\_\_\_191 (Year) (Month) (Day) IF LESS than 1 day 7. AGE and that death occurred on the date stated above, at O how many ..... hrs. or \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. ..... min.? The CAUSE OF DEATH was as follows: 8. OCCUPATION (a) Trade, professsion, or child particular kind of work ..... (b) General nature of industry business, or establishment in which employed (or employer).... 9. BIRTHPLACE Contributory (State or Country) Moscow, Idaho (Secondary) 10. NAME OF FATHER Herbert S. Clark (Signed) 11. BIRTHPLACE OF FATHER Address Mina. (State or Country) \*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) 12. MAIDEN NAME MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL, OF MOTHER Mabel Bolte 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE In the OF MOTHER Kansas (State or Country) of death......yrs.....mos......ds .State.....yrs.....mos.......ds. Where was Disease contracted. 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?..... Former or Herbert S. Clark (Informant) ...... usual residence..... DATE OF BURIAL 19. PLACE OF BURIAL OR REMOVAL 벙 · Mcscow Ida. Moscow ...191 15. ADDRESS 20. UNDERTAKER Moscow Local Registrar SYMS-YORK CO., PRINTERS & SINDERS. SOISE 16872

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RECORD be made for STATE OF IDAHO County BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No. (If born in hospital or institution Prim. Registration District No. 7069 Local Registrar's No. 73 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child or other? mate?/ (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth..... Born alive and now living... Born alive but now dead\_\_\_\_\_ Stillborn... MOTHER FATHER birth FULL. Residence (Usual place of abode) Residence (Usual place of abode) child If nonresident, give place and State..... If nonresident, give place and State. Color or race Age at last Birthday Color or race.... Birthplace \_\_\_\_\_ Birthplace.... Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MI more I hereby certify that I attended the birth of this child, who was a silk in PLAINLY on the date above stated. case of (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

PRINCIPAL WELFARE MULTAL STATISTICS CERTIFICATE OF SIRGHAN Prince to design District Re Local Hornard's Fo. Cital 71) inate? hirth What mount lactic were used to prevent Cybthale a Constanua! and of mildest this mother, including a come of " If nonresident, give place and State .. Coher or sugar succession and a succession of last thirthday or Olty and State or Country) CRETIFICATE OF ATTYMENT PAYMENTS OF ATTYMENT FOR Thereby certify that I attended the birth of this child, who was i willharm fut. log the date above stated. "Vaure these was no attending physician Thebias to nativally or didwife then the father, householder. etc., should make this return. A stillborn. child is our that neither breather ner become officer evidence of life after butth

LY, PHYSICIANS ment of OCCUPA-	PLACE OF DEATH  County of City of City of County of County of County of City o	DO NOT WRITE IN THIS SPACE  State File No
KGIN KENERYED FOR DILLEGARMANENT RECORD UNFADING INK—THIS IS A PERMANENT RECORD be carefully supplied. AGE should be stated EXACTLY, PHYSICIAL erms, so that it may be properly classified. Exact statement of OCCUP n back of certificate.	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	St.  (If nonresident give city or town and State)  How long in U. S., if of foreign birth?  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from that I last saw halve on the date stated above, at 19 and that death occurred, on the date stated above, at 200 m.  CAUSE OF DEATH was as follows:  (duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)
MAAN WRITE PLAINLY, WITH I W. B.—Every item of information should hould state CAUSE OF DEATH in plain tellon is very important. See instruction on	9. BIRTHPLACE (city or town)  10. NAME OF FATHER Melvin Jumpson  11. BIRTHPLACE OF FATHER (city or town)  12. MAIDEN NAME OF MOTHER May H. Sous  13. BIRTHPLACE OF MOTHER (city or town)  (State or Country)  14. Informant Mulvin Jumpson  (Address)  15. Filed O-3/, 194. Registrar	(duration) yrs. mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death? Date of Was there an autopsy?  What test confirmed diagragis?  (Signed)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal  Date of Burial  **Address**  Address**  Address**  **Address**  **

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of ..... CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No .... Prim. Registration District No. 2064 Local Registrar's No. (If born in hospital or institution give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child 4 or other? of birth mate 2 (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth.... (a) Born alive and now living.... Born alive but now dead. \_\_\_\_Stillborn FULL. MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) ..... child If nonresident, give place and State\_\_\_\_\_ If nonresident, give place and State..... Birthplace Birthplace and State or Country) City and State or Country Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR M more 12:30 PM I hereby certify that I attended the birth of this child, who was \ Still Still orn PLAINLY on the date above stated. (Signature) case \*Where there was no attending physician (Physician or midwide) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

WENT THE THEFT WELL HURDAU OF VIEW STATISTICS CERTIFICACIE OF BILLIN Price Les strateon District No. 2 Mer. Local Registre ac Mai Triplet and be and be answered and be surveyed by the contribution of the contribution E. What prophylactic was used to prevent Ophibalio a Neonatorum? and a state alive and now living man if (a) and Sambles of chief of this mether, including present place Color of comments and the state of the state to be to the stand of the standard of the stan Kity and thate or Country) TO BURE bon YEAD) CENTINGATE OF ATTACHMENT PETRICIAN OR MIDWIFE i hereby certify that I attended the birth of this child, who was a Stillburn Natura fun the date above stated. Signature) "Where there was nesttending physician Physician or midwid! or midwie, then the lather, householder, ere, should make this return. A stailbern child is one that neither breather age shows other evidence of life after birth.

ate CAUSE OF REATH	If death occurs away from usual residence, give facts	BOARD OF HEALTH Bureau of Vital Statistics
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD —Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should sin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  17. I HEREBY CERTIFY, That I attended deceased from Control of the date stated above, as and that death occurred on the date stated above, as and that death occurred on the date stated above, as and that death occurred on the date stated above, as and and that death occurred on the date stated above, as and and that death occurred on the date stated above, as and and that death occurred on the date stated above, as and and that death occurred on the date stated above, as and and and and and and and and and and
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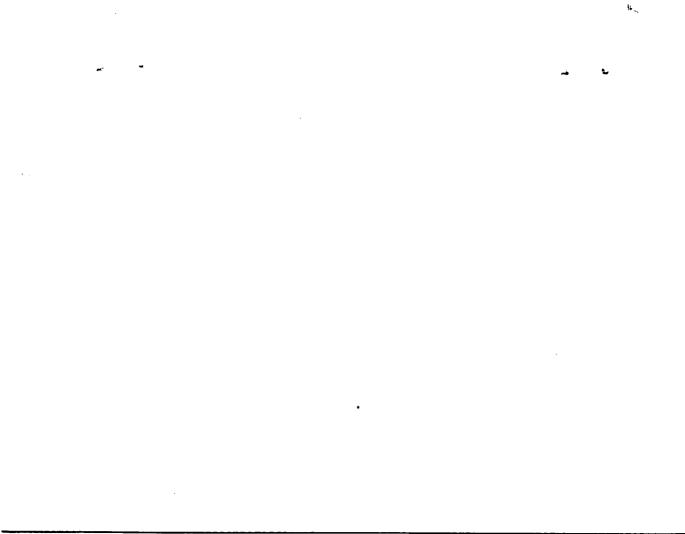
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55	PLACE OF DEATH BUREAU OF VITAL ST	ATTETICS
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	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
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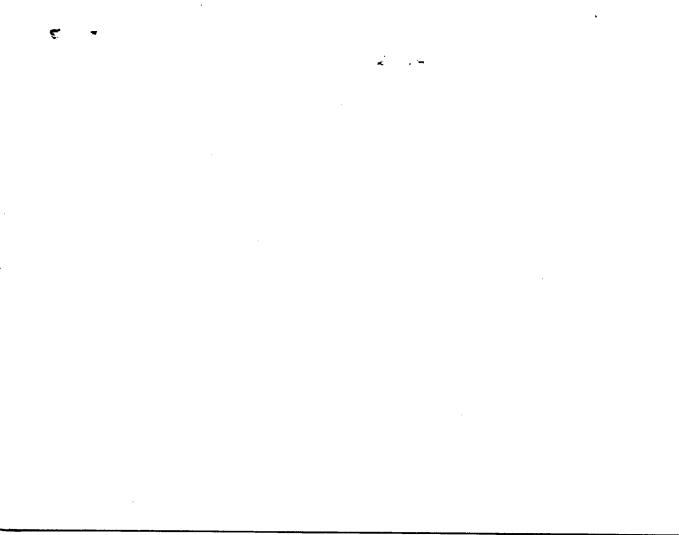
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Do not accept a certificate of death signed only by a

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head of "Contributory."

STATE OF IDAHO 1929 must be ma IS A PERMANENT RECORD EPARATE RETURN must be ma order of birth stated. DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No-Registration District No...... (If born in hospital or institution Prim. Registration District No. 1004 Local Registrar's No. give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet in order Child birth or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...................... (a) Born alive and now FULL MOTHER MAIDEN NAME Residence (Usual place of abode). It non-resident, give place and State If non-resident, give place and State\_\_\_\_\_ Color or race Color or race. Birthplace ..... Birthplace ... OV 0 and State or County) (City and State or County) Occupation Olymphone Occupation \_\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE

STATE OF ILLENGE DEPARTMENT OF PUBLIC MERCHAN County of ..... BUREAU OF VITAL STATISTICS CERTIFICATE OF BERTH the bound in topoptial or institution it Prin Restauration District No. A. A. A. A. Berister's No. FULL XIME OF CHILD X if additions, substitute the word "Bitth the the of this bilds -itbse.i and in order direction to traction (hild) "ataur ( he he appropried only in event of plants hints) (SINCE) What provide has used by mercus Orienalina Recognition? Number of child of this more we including present birth. . . . is Sorn allow and how living. 密注目型かり Loudence Level place of shock to the standard t mon-reselvent, pier playe and Stare H was resident, use place and fisher, where Eiribplace Berichten of County Birtl place (City and Nate or County) CERTIMOLIE OF ATTENDING PHYSICIAN OR MIRWILLS · Million - 1. 123M Ligeredy centify that I attended the birth of this child, who was Filliborn | at ...... dit the date above stated. Land Links Show San County (1984) "Where there was no attending physician , or midwife, then the father, householder, friente lie or midwife) etc., should make this return. A stillbotn ! child is one that neither freathes nor shows other evidence of life after hirth.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ... Registration District No..... Primary Registration District No. 1100 FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth Mar. Child or other? of birth matel SEPARATE (Month) (Dav (Year (To be answered only in event of plural births) What bactericidal solution was used in eyes? Number of child of this mother, including present birth. Number of child of this mother now living, including present birth. **FATHER** MOTHER FULL FULL MAIDEN NAME each. RESIDENCE 70 COLOR COLOR number OCCUPATION the OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborm I at. on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

(Physician,

REAL OF VITAL STATISTICS LE CERTIFICATE OF BIRTH

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POLITIC PERMIT AND SELECTION OF THE PROPERTY O Jan Committee & market & to Committee

ANS PPA-	RECEIVED DEC	6. 1929 STATE OF IDA DEPARTMENT OF PUBLI	
PHYSICIA t of OCCU	PLACE OF DEATH BUREAU OF VITAL STA		ATISTICS
KH C	ounty of May	CERTIFICATE OF  Registration District No	
_ <u>=</u>   ∪,	ty of Sour	Primary Registration District	Local Registrar's No
D. S. C.	FULL NAME	th curred in a pospital or institution, give its	name instead of street and number.)  St.  (If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
y classified. I	PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ould 1	temale The	RACE 5. Single Married, Widowed, or forced (write the word)	16. DATE OF DEATH  (Month)  (Day)  (Year)
	<ul> <li>a. If married, widowed, or divorce HUSBAND of (or) WIFE of</li> </ul>	d	17. I HEREBY CERTIFY, That I attended deceased from
- I	. DATE OF BIRTH (month, day	and year) // -/9-89	that I last saw h alive on 19
By b.	. AGE Years Mont	hs Days If LESS than 1 day,	and that death occurred, on the date stated above, at
arefully sup so that it k of certifi	OCCUPATION OF DECEASED     (a) Trade, profession, or particular kind of work     (b) General nature of industry, business, or establishment in		coiled tightly provide now,  twee - (duration) yrs. mos. Z d
be ca terms, on bac	which employed (or employer) (c) Name of employer	1	(Secondary) Chuntare protoco
n should in plain truction	. BIRTHPLACE (city or town) (State or country)	Sory	(duration)yrsmos. 3 d
tion 'H in instru	10. NAME OF EATHER	of 1. Tray	Did an operation precede death? Was there an autopsy?
f informa OF DEAT inf. See	11. BIRTHPLACE OF FATHE (State or Country)	R (city or town)	(Signed)
item of i AUSE OF important.	12. MATTER NAME OF MOTHER (State or Country)	ER (city or town Hadra hull	*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	4. Informant /////////// (Address)	Jean Jean	Wassis Kell Coursely 11/21 192
N. B.	5. Filed // -2/, 19	9 W. N. Choca	Centeral M baun Roise

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STATE OF IDAHO RECEIVED NOV 2 1 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH Registration District No. Local Registrar's No. 5688 Exact statement Primary Resistration District No. A PERMANENT RECORD occurred in a hospital or institution give its name instead of street and number.) 2. FULL NAME.... Residence. No.. (If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. de (Usual place of abode) Length of residence in city or town where death occurred. mos. properly classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH SEX (Month) (Year 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of SI 6. DATE OF BIRTH (month, day and year) than 1 day. 7. AGE Years Months Days and that death occurred, on the date stated above, at hrs. or The CAUSE OF DEATH\* was as follows: min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) ehould ction 9. BIRTHPLACE (city or town) Where was disease contracted (State or country) if not at place of death? .. 10. NAME OF FATHER Did an operation precede death? Date of. f information OF DEATH i Was there an autopay? \_ 11. BIRTHPLACE OF FATHER What test confirmed (State or Country) important. 12. MAIDEN NAME OF MO CAUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) 13. BIRTHPLACE OF MOTHE (State or Country) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Place of Burkl, Cremation, or Removal Date of Burial Informant (Address) LION

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PHYSICIANS sment of OC-	Co	PLACE OF DEATH  The state of its property of Department of Publication District No  Primary Registration District No  Primary Registration District No	DO NOT WRITE IN THIS SPACE STATISTICS  DEATH  Local Registrar's No.			
EXACTLY, PHYS Exact statement		FULL NAME Still born  (a) Residence. No.	n, give its name instead instead of street and number.)  St.			
4 7	Len	(Usual place of abode) gth of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	th occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
renumented should be stated perly classified.		Boy american  SEX  Boy american  If married, widowed, or divorced  Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH  Oct. 242  (Month) (Day) (Year)			
LS LS A AGE be pro tificate.		HUSBAND of (or) WiFE of  DATE OF BIRTH (month, day and year)  AGE Years Months Days If LESS than 1 day, hrs. ormin.	17 I HEREBY CERTIFY, That I attended deceased from, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19			
ADING INK- arefully suply, so that it s on back of	8	(a) Trade, profession, or particular kind of work	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)			
	9	BIRTHPLACE (city or town) Grace plda, (State or country)	(Secondary)  (duration)			
LY, Wation s TH in See	RENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)  12 NAME OF FATHER (city or town)  13 Name of Father (city or town)  14 State or country)	Did an operation precede death? Date of Was there an autopsy?  What test confirmed diagnosis?  (Signed) Di Cigars M. D.  Oct. 27 19 29 (Address) Joda Shring			
WRITE PLAIN y item of information of the of	PA	13 BIRTHPLACE OF MOTHER (city or town) (State or country)  (Wellsrille Outah	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
H 0.1	14	Informant	19 Place of Burial, Cremation, or Removal Date of Burial Oct, 28 192			
I. B.—Even	15	Filed Nov. 25 1929 Col Macent	20. Undertaker Address			

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO be made for DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS City of BIRTH CERTIFICATE OF must Registration District No... (If born in hospital or institution rim. Registration District No.2/4/ Local Registrar's No.9509 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Legitiv Triplet order\_\_ birth Child or other? (Month) (Day) (Year) (To be answered only in event of plural births What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive and now living Number of child of this mother, including present birth Stillborn. Born alive but now dead... MOTHER FULL each. MAIDEN NAME/ Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State number Age at last Birthdan Color or race Color or race Birthplace Birthplace. (City and State or Country) Occupation Occupation re tha CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE of more Both I hereby certify that I attended the birth of this child, who was i on the date above stated. ŏ (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS City o CERTIFICATE OF BIRTH PERMANENT RETURN must Begistration District No..... .....State File No..... (If born in hospital or institution Prim. Registration District No. 2161 Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word 'Stillbirth' for name of child) Twin Number Date of of birth Sex of Legin-Triplet in order hirth Child of birth or other? make (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum?..... -THIS SEPAR Number of child of this mother, including present birth. Born alive and now living Born alive but now dead .... Stillborn. a.E FILL FULL NAME > Residence (Usual place of abode) one child If nonresident, give place and State If nonresident, give place and State number Age at last Birthday Color or rac Color or race. Birthplace Birthplace (City and State or Country) and State or Country) Occupation ' Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR more PLAINLY I hereby certify that I attended the birth of this child, who was ? on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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GERMANENT RECORD uld be stated EXACTLY, PHYSICIANS classified. Exact statement of OCCUPA-	City	STATE OF IDA  PLACE OF DEATHOV 21 1929  DEPARTMENT OF PUBLIC BUREAU OF VITAL STATE OF  OF POCATELLO  OF POCATELLO  (If death occurred in a hospital or institution, give its  FULL NAME  STATE OF IDA  CERTIFICATE OF  Registration District  (No. Pocatello Gen  (If death occurred in a hospital or institution, give its	DO NOT WRITE IN THIS SPACE State File No		
ENT R stated ] d. Exa	li	(a) Residence. No (Usual place of abode) yth of residence in city or town where death occurred. yrs. mos. ds.	St.  (If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.		
Sho P	II——	PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE or Divorged (write the word)  In married, widowed, or divorced HUSBAND of (or) Wife of	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  October 16, 1929.  (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from		
FOR THIS lied.	7. 1	DATE OF BIRTH (month, day and year) Oct. 16, 1929.	that I last saw h alive on 19 and that death occurred, on the date stated above, at m.  The GUSE OF DEATH* was as follows:		
ARGIN RESEI UNFADING be carefully terms, so that	ļ	(a) Trade, profession, or None particular kind of work  (b) General nature of industry, business, or establishment in Infant  (c) Name of employer	CONTRIBUTORY (Secondary)  (duration) yrs, mos, ds.		
WIT Shou plai	<u> </u>	O. NAME OF FATHER  J. C. Lawson	18. Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?		
PLAII informa DEA7	RENT	.1. BIRTHPLACE OF FATHER (city or town) (State or Country)  Virginia  2. MAIDEN NAME OF MOTHER  Mary  S. Jamison	What test confirmed differences (Signed) , M. D. (Address)		
WR. r item CAUSE	上	8. BIRTHPLACE OF MOTHER (city or town) Virginia	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
N. B.—Every is should state CA	15,	Address) 186 South Idaho St. 300a. idaho.	19. Place of Burial, Cremation, or Removal    Mountain View Cemetery   10/16/29.19		
F.독달		Registrar			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

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RECORD EXACTLY, PHYSIGIANS cact statement of OCCUPA-	PLACE OF DEATH  County of City	DO NOT WRITE IN THIS SPACE State File No.  Local Registrar's No. /69
ರನ	(a) Residence. No	s. How long in U. S., if of foreign birth? yrs. mos. ds.
NG PERMANENT nould be state y classified. E	8. SEX. 4. COLOR OR RACE 5. Single, Harried, Widowed, or Divorced (write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  17  1924
BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Dec) (Year)  17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 192, to 19
ED FOR A THIS pplied. Imay be cate.	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above, at
MARGIN RESERVI NLY, WITH UNFADING INI ation should be carefully suj I'H in plain terms, so that it instruction on back of certifi	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town)	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)  (duration) yrs. 7 mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death? Date of Was there an autopsy?  What test confirmed diagnosis?
WRITE item of i AUSE OF important,	12. MAIDEN NAME OF MOTHER (city or town Clarks will:  18. BIRTHPLACE OF MOTHER (city or town Clarks will:  (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
B.—Every ould state ( ON is very	14. Informant. J. Myers By Col Sych (Address)  15. Filed 10 V 30, 1929 Mrs. G. G. File	19. Place of Burial, Cremation, or Removal  Date of Burial  19  20. Undertaker  Address
z á É	Registrar	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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Do not accept a certificate of death signed only by a

State File No. \_\_\_\_\_ DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS STANDARD CERTIFICATE OF BIRTH Registered No. -PLACE OF BIRTH ECORD or Village Township pertificate, 6% x 7% inches. City coursed in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed 2. Full name of child \_. QZIQZ To be answered 4. Twin, triplet or other 3. Sex of ONLY in event of 7. Date child plural births. 5. Number, In order of birth 8. **FATHER** 14. MOTHER Full Full name malden SEPARATE RETURN order of birth, states nama 15. Residence (Usual place of abode) 9. Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State 10. Calor or 16. Color or 11. Age at last birthday .... 17. Age at last birthday 12. Birthplace (city or place) 6. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of Industry Nature of influstry 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living .. (b) Born silve but now dead ..... (c) Stillborn CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was on the date above stated. (Born slive or stillborn \*When there was no attending physician ) or widwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows Signature other evidence of life after birth. V. S. No. 110 Physician or Midwife) Given name added from a supplemental report Address (Month, day, year) C11-7117 Registrar. Registrar.

## WHY BIRTHS SHOULD BE REGISTERED

There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
- (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;
  - (8) As evidence in the administration of estates, the settlement of insurance and pensions;
  - (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards;
- (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

e11-7117

ry item of Infor- IS should state ent of OCCUPA.	1 PLACE OF DECT 3STANDARD CERTIF	FICATE OF DEATH  DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
tem of I should of OCCI	County Auction	State Registered No.
sho of O	Townshipor	Villageor
10.1	City No, (If death	occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every item of Infor PHYSICIANS should stat act statement of OCCUPA	2 FULL NAME Munamed Co	aw , ellegetemal
	(a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred vrs. mos.	(If nonresident give city or town and State)
M M I	PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF SEATH
		the state of the s
ENT ACTL Hiled.	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, OR DIVORCED (write the word)	16 DATE OF DEATH (month, death of 19
EXA .	5a If married, widowed, or divorced	I HEREBY CERTIFY, That I attended deceased from
ERMAN ited EX/ rly class icate.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of	727, 16 to , 19, 19,
S A PERMANENT R be stated EXACTLY. properly classified. certificate.	6 DATE OF BIRTH (month, day, and year) Not 16-1929	that I last saw halive on, 19,
N S S S S S S S S S S S S S S S S S S S	7 AGE Wars Months Days If LESS than	and that death occurred, on the date stated above, atm.
<u> </u>	Nell born   1 day, hrs.   or min.	The CAUSE OF DEATH* was as follows:
THIS I should may be back of	7,8000 1 1 1 1 1	Transler TETT
1 6 2 5	8 OCCUPATION OF DECEASED (a) Trade, profession, or	
5 0 Z m	particular kind of work	
J . o ₹	(b) General nature of Industry, business, or establishment in	ds,
Din lied ns, s	business, or establishment in which employer business, or establishment in complex com	CONTRIBUTORY(SECONDARY)
	Charles de Cala	18 Where was disease contracted yrs mos ds.
2 - 5	9 BIRTHPLACE (city or ywn) (State or country)	if not at place of death?
. 25 J	10 NAME OF FATHER	Did an operation precede death? Date of
Car Car Tan	On I al	Was there an autopsy?
ATI ADOT	11 BIRTHPLACE OF FATHER (city or town)	- What test confirmed diagnosis?
PLAIN hould OF DE	11 BIRTHPLACE OF FATHER (city or town)  (State or country)  (State or country)  12 MAIDEN NAME OF MOTHER Rema Part	(Signed) M. D.
PLA shoul OF C	7/11/1	19 (Address)
., , , , , , ,	13 BIRTHPLACE OF MORHER (city or town) Mallette (State or country)	* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
mation CAUSE TION is	14 D Q	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
] = O F	Informant (Address)	C. 1. 1. 01 M. 12 1001
<u>,</u>	15 N. III	20 UNDERTAKER ADDRESS
<u>.</u> H	Filed 200. 19.1929 What Last	TO OUD FULL I VODESS

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," and therefore an additional line is provided for the latter statement; it should be used only when needed. As work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of fireman, etc. itor, Architect, sufficient, e. g., Farmer or Planter, Physician, occupations a single word or term on the first line will be each and every person, irrespective of age. tion is very important, so that the relative healthfulness of cinoma, Sarcoma, etc., of nite); Tuberculosis of lungs, meninges, peritoneum, etc., Cargitis"); Diphtheria (avoid use of "Croup"); Typhoid fever definite synonym is "Epidemic cerebrospinal meninthe same disease. and causation), using always the same accepted term for CAUSING DEATH (the primary affection with respect to time have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). For persons who of illness. If retired from business, that fact may be indithe disease causing death, state occupation at beginning occupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the cifically the occupations of persons engaged in domestic school or At home. Care should be taken to report spe-Lay laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., without more precise specification, as various pursuits can be known. The question applies to heart disease; Chronic interstitial nephritis, etc. neoplasms); Measles; Whooping cough; Chronic valvular cer" is less definite; avoid use of "Tumor" for malignant Bronchopneumonia ("Pneumonia," unqualified, is indefi-(never report "Typhoid pneumonia"); Lobar pneumonia; be stated unless important. Example: Measles (disease tributory (secondary or intercurrent) affection need not [Approved by U.S. Census and American Public Health Association] Statement of cause of death.—Name, first, the DISEASE Statement of occupation.—Precise statement of occupa-But in many cases, especially in industrial Locomotive engineer, Civil engineer, Stationary Examples: Cerebrospinal fiver (the only \_ (name origin; "Can-For many The con-Composetc.

and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional

tion, as the sole cause of death: Abortion, cellulitis, childbirth, convulinformation which give any of the following diseases, without explana-

causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anemia" (merely symptom-

tained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicause of death approved by Committee on Nomenclature "Contributory." (Recommendations on statement of (e. g., sepsis, tetanus) may be stated under the head of nature of the injury, as fracture of skull, and consequences homicide; Poisoned by carbolic acid-probably suicide. Struck by railway train-accident; Revolver wound of headto determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, which surgical operation was undertaken. For VIOLENT cemia," "PUERPERAL peritonitis," etc. of the American Medical Association.) "Weakness," etc., when a definite disease can be ascer-Nore.-Individual offices may add to above list of undesirable terms State cause for

tion," "Marasmus," "Old age," "Shock," "Uremia," "Exhaustion," "Heart failure," "Hemorrhage," "Inani-"Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions,"

sions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, misear-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improve-

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN.

ment, and its scope can be extended at a later date.

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g d RE	EC	EIVED DECI 1 1929 STATE O	OF IDAHO
₹B.	-	DYIDEATI OF WIT	PUBLIC WELFARE DO NOT WRITE IN THIS SPACE
PHYSICIANS of OCCUPA-		PLACE OF DEATH	TE OF DEATH State File No. 6800
λΗ. Of (	Cot	Registration District N	No. 32
i,	Cit	y of Primary Registration	District No. 2 49 Local Registrar's No. 38
ORD ACTLY stateme		(No	n, give its name instead of street and number.)
EECORD EXACTLY act stateme		Tiller	, give its hame instead of safety and humberly
T RECORD ed EXACT Exact state	2.	FULL NAME.	St
70.73	Le	(a) Residence. No	(If nonresident give city or town and state)
In a fried		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANENT should be state rly classified. F	8.	SEX  4. COLOR OR RACE  5. Single, Married, Wido or Divorced (write the w	lowed, word)  16. DATE OF DEATH  (Month)  (Day)  (Year)
S IS A PI AGE shor	5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
	6.	DATE OF BIRTH (month, day and year)	that I last saw h alive on , 19
	7.	AGE Years Months Days If LESS than	mhrs. or
INK—TH Supplied it may tificate.	_	min,	The CAUSE OF DEATH* was as follows:
ertii	8.	OCCUPATION OF DECEASED  (a) Trade, profession, or	
DING DING DING Of cer		(a) Trade, profession, or particular kind of work	
		(b) General nature of industry, business, or establishment in which employed (or employer)	
		(c) Name of employer	CONTRIBUTORY (Secondary)
7			(duration)yrsmos,ds.
WITH Should plain ction	9.	BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted if not at place of death?
		10. NAME OF FATHER When L. Larson	Did an operation precede death? Date of
I in He	20		Was there an autopsy?  What test confirmed diagnosis?
E PLAINLY, information F DEATH in t. See instru	ENTS	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	(Signed) M. P.
WRITE I	PAR	12. MAIDEN NAME OF MOTHER Tathering Jergen	11-25, 1929 (Address) D. Maria Soa
WRITI item of AUSE Oimportan		18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PO P	14	Informant My John Dergert	19. Place of Burial, Cremation, or Removal Date of Burial
Ever state is ver	_	(Address) J. Maries Ida	20. Undertaker Address
O BE N	15	Filed A	gistrar Reace
겨울다	<u></u>	IXA IXA	IBULGI L

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head-homicide; Poisoned by carbolic acid-probably sui-

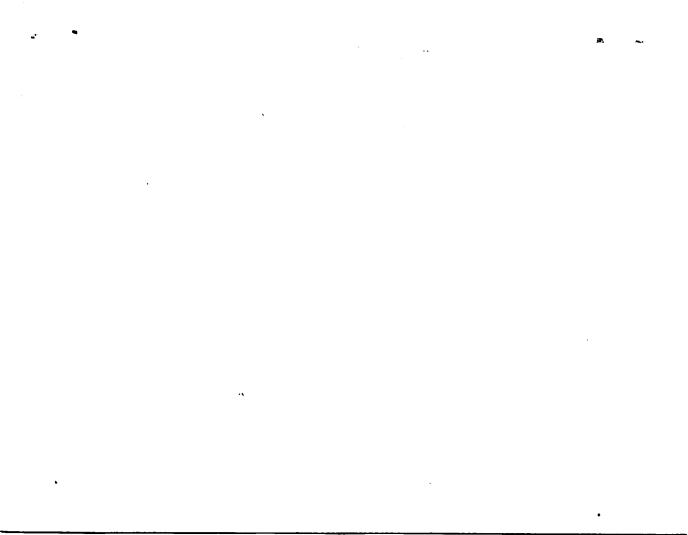
cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

Do not accept a certificate of death signed only by a midwife.

DEC 1 0 1929 RECORD be made for <sup>()</sup> STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT RETURN must he stated. Registration District No. State File No (If born in hospital or institution Local Registrar's No. 5/1 Prin. Registration District No. 00 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Legiti Date of Sex of Triplet in order birth ..... Child or other? mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum 🛪 Number of child of this mother, including present birth 3 \_ (a) Born alive and now living Born alive but now dead..... Stillborn MOTHER FULL FIII.I. MAIDEN NAME/ UNFADING one child at bi Residence (Usual place of abote) Residence (Usual place of abode) If nonresident, give pace and State If nonresident give place and State Color or race .... Age at last Birthday Color or race ge at last Birthday... Birthplace . Birthplace City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF PLAINLY case of mor I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, WRITE B—In c (Physician or mid etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ż



A-A	STATE OF IDA	но -			
- 45	RECEIVED DEC 1 0 1929 BUREAU OF VITAL ST	IC WELFARE FOO NOT WRITE IN THIS SPACE			
55	PLACE OF DEATH DEUT 1929 BUREAU OF VITAL ST				
	CERTIFICATE OF	DEATH State File No. 0.000			
Ξ̈́	County of Registration District No	121			
유	City of 1904 CAS And	Local Registrar's No.			
'X,	Primary Registration District	No. 1. OU			
ORD ACTL statem	(No. J. O. G. Juice	Mecas			
OR Sta	(If death occurred in a hospital or institution give its	name instead of street and number.)			
	2. FULL NAME Still on Quie	$\mathcal{M}$			
r REC ed EX Exact	(a) Residence. No.	St.			
t t	(Usual place of abode)	(If nonresident give city or town and State)			
된 끊근	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.			
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
RMA] ld be lassifi	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH  TO THE PROPERTY OF THE PROP			
ය ස <u>ි</u> පිටී	male months or Divorced (write the word)				
ING PEI shoul	5a. If married, widowed, or divorced	(Month) (Day) (Year)			
E A E	HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from			
BINDIN IS A F AGE sh properly	(or) WIFE of	nov 9 1929 to now 9 19 2			
S S 4 1	6. DATE OF BIRTH (month, day and year)	that I last saw h salis in the last saw h			
FOR THIS ed.	7. AGE Years Months Days If LESS than 1 day;	and that death occurred, on the date stated above, at 1:00 Q m			
L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Still has hrs. or	The CAUSE OF DEATH* was as follows:			
SERVED FOR INK—TI Supplied that it may certificate.	min.	THE CAUSE OF DEATH Was as follows:			
Et a Lit	8. OCCUPATION OF DECEASED	(170 m) 1108 10 2			
SE PAGE	(a) Trade, profession, or particular kind of work	The state of the s			
RES DIN reful so th	(b) General nature of industry,	- Called Could not desern			
RAI Care S, 8	business, or establishment in which employed (or employer)	(duration)mos,ds.			
		CONTRIBUTORY			
AR. U.	(c) Name of employer	(Secondary)			
<b></b>	Black of Italy	(duration) yrs. mos. ds.			
MLY, WITH tion should I'H in plain instruction	9. BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted if not at place of death?			
f, V n s in j	10. NAME OF FATHER	Did an operation precede death? Mu Date of			
ILY tion H j	Laben & Queen				
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?			
PLAIR nforma DEA7 See	(State or Country)	What test confirmed diagnosis?			
	11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER	(Signed), M. D.			
	12. MAIDEN NAME OF MOTHER	100 7, 19 (Address) Deach Chart			
WRITE em of i ISE OF portant.	to some things	ACCULATE DESCRIPTION OF THE PROPERTY AND ACCUSATION OF THE PRO			
	18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
CA H	Mansas	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
WRITE P -Every item of inl state CAUSE OF I is very important.	14. Informant of the state of t	19 Place of Burial, Commation, or Removat Date of Burian			
tat	(Address) Black Hot 276 & Julie al	40. Cam belooklost Oct to 19			
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OFFE	15. Filed 11. 10 1029 Mo Walen C. ature	To Succession Blood			
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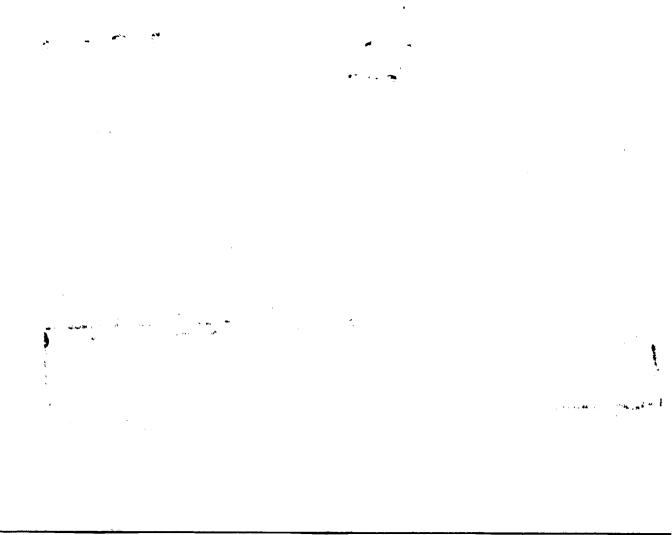
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE RIRTH NENT A must Registration District No..... State File No..... (If born in hospital or institution give name.) Prim. Registration District No. 20 22Locat Registrar's No.... FULL NAME OF CHILD..... (If stillborn, substitute the word 'Stillbirth' for name of child) Number Date of Legiti-Triplet in order birth or other? Chile matel (Month) (Dav) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? (a) Born alive and now living. Number of child of this mother, including present birth. Born alive but now dead..... Stillborn MOTHER FATHER FULL FULL 🕈 NAME .. Residence (Usual place of abode) Residence (Usual place of abode If nonregident, give wisce and State. If nonresident, give place and State. Age at last Birthday. Color or rac Birthplac (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Thereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Playsician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.



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Do not accept a certificate of death signed only by a

DIVISION OF VITAL STATISTICS

## DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho\_

JAN 2 1930

176174

Mrs. L. Lilya Gannett

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

 $\rho$ 

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

1111 .

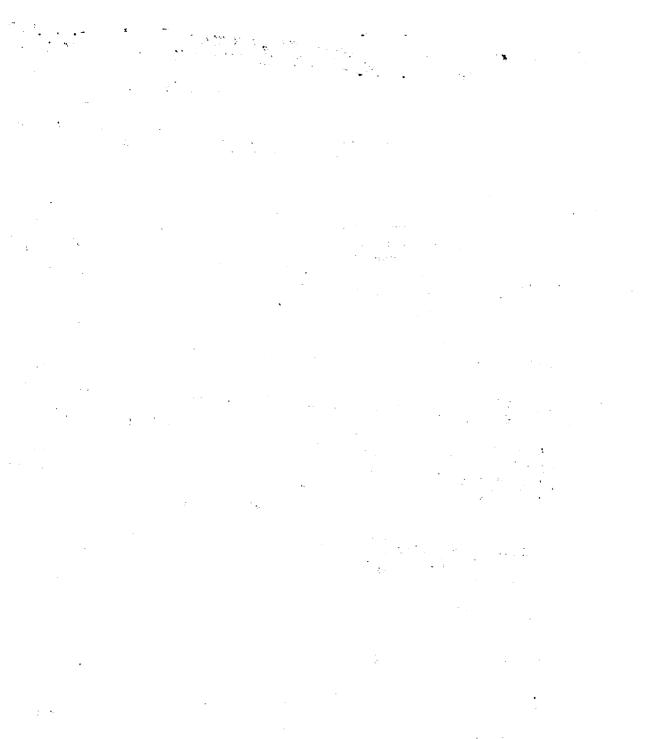
TOTAL TANKEY	OF CHILD Ulla	May.	Julyan	
PLACE OF BIRTH**	Bellevue	DATE OF BIRTH	Nov. 21	SEX OF CHILD Female
2. Number 1	of children born to		including pre	sent birth 5
	ive but now dead of children stillbo	orn 2		
	(1	Please write p	lainly)	
Informat	tion with reference	e to	Infor	mation with reference MOTHER
tuhence	Full name		Mary S	(Full Maiden name)
Lans	rett da	<u> </u>	Man	(Residence)
Age at last	t birthday	MULL.	Age at last	birthday 2
Han	net dan (Birthplace)	nc	walt S	(Birthplace)
TF				•

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

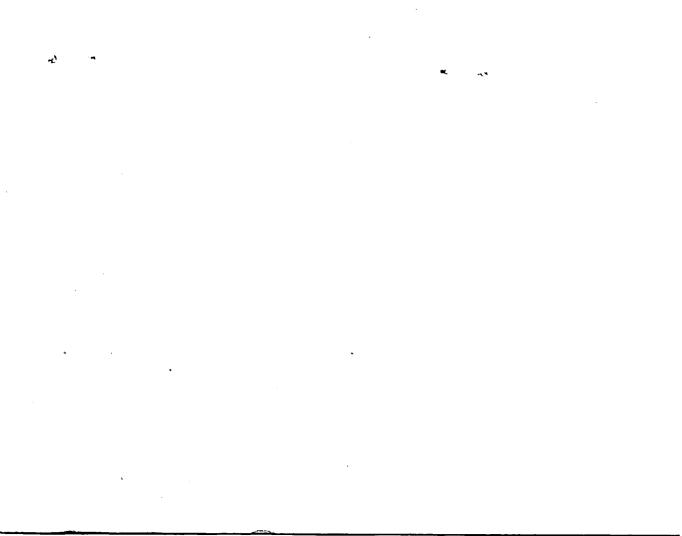
Sincerely Yours,

C.K. Macey

- Special Agent, Bureau of the Census.



.. . . . .



STATE OF IDAHO RECEIVED NOV 6 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE\_OF DEATH County of. Registration District No.... Local Registrar's No..... Primary Registration District No. A PERMANENT RECORD (If death occurred in a hospital or institution, give its name instead of freet and 2. FULL NAME... (If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. de (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH COLOR OR RACE Single, Married, Widowed, plnous or Divorced (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE and that death occurred, on the date stated above, at \_\_\_\_\_m CAUSE OF DEATH\* 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_\_yrs. \_\_\_mos. \_\_\_ds. 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? (State or country) Did an operation precede death?...... Date of...... Was there an autopsy? What test confirmed diagnosis PARENTS 11. BIRTHPLACE OF FATHER (city (State or Country) Q. State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) 13. BIRTHPLACE OF MOTHER whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country Place of Burial, Cremation, or Removal state Informan (Address) Addres Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Sheak," "Ilrampia," "Woolback," "Ilrampia," "Illampia," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to de-

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

termine definitely. Examples: Accidental drowning:

struck by railway train-accident; Revolver wound of

head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

Do not accept a certificate of death signed only by a midwife.

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STATE OF IDAHO DEC 6 1929 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE-OF DEATH CERTIFICATE OF DEATH County of Registration District No..... Local Registrar's No..... Exact statement Primary Registration District No. 2155. (No. A PERMANENT RECORD in a hospital or institution, give its name instead of street and number.) (If death occurred 2. FULL NAME... (a) Residence. No.... ..... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where doth occurred. ds. How long in U. S., if of foreign birth? mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS gle, Married, Widowed, 16. DATE OF DEATH vorced (write the (Month) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY SERTIFY, That I attended deceased from (or) WIFE of S 6. DATE OF BIRTH (month, day and year) that I last saw h. 7. AGE Days If LESS than 1 may and that death occurred, on the date stated above, at CAUSE OF DEATH\* was as 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. mos. ds. 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ..... 10. NAME OF FATHER Did an operation precede death?\_\_\_\_\_ Date of\_\_\_\_ Was there an autopsy? ...... 11. BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis (State or Country) (Signed) TO 12. MAIDEN NAME OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town (State or Country) 14. Blace of Burial, Cremation or Removal Date of Burial Informant (Address) Undertaker Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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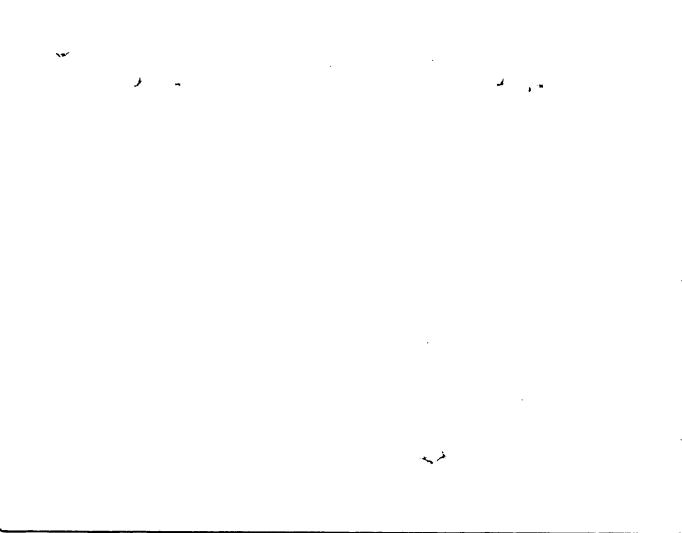
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... (If born in hospital or institution Prim. Registration District No. 1005 Local Registrar's No. 2/2 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet and in order birth or other? Child (To be answered only in event of plural births) (Month) a SEPARA in order of What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living. Stillborn FULL each. MAIDEN VEADING child at b Residence (Usual place of abode). Residence (Usual place of abode) If nonresident, give place and State number If nonresident, give place and State..... (City and State or Country) Occupation I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



ANS UPA-	RECEIVED DECI 1 1929 DEPARTMENT OF PUBLI	
YSICIAN OCCUPA	PLACE OF DEATH  BUREAU OF VITAL ST  CERTIFICATE OF	ATISTICS 68976
PHY of (	County of Call Registration District No	126
LY, ment	Primary Registration District	No
r RECORD ed EXACTLY Exact stateme	(If death occurred in a hospital or institution, give its  2. FULL NAME. Saby Ling.	name instead of street and number.)
ENT 1 stated 1. Ex	(a) Residence. No	7.,
[AN] be siffice	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING PERMANENT should be state tly classified.	3. SEX 4. COLOR OR RACE or Divorced (write the word)  Male of htte	16. DATE OF DEATH  (Month)  (Day)  (Year)
BINDIN IS A P AGE sho properly	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from 1929, to 12, 1929
R ] [133 ] be 1	6. DATE OF BIRTH (month, day and year) Nov 12-1929.	that I last saw h alive on, 19
SVED FC INK—TB supplied. it may it may it fificate.	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
SERVE G INK. Ily supi hat it r	8. OCCUPATION OF DECEASED	m wero - mis, Truly
	(a) Trade, profession, or particular kind of work	was no can wrich tonle
RGIN RESE UNFADING be carefully crms, so tha	(b) General nature of industry, business, or establishment in	daylet death to los by was course
RGIN UNF/ be ca erms,	which employed (or employer)	(Secondary)
Zm ~ T°	9. BIRTHPLACE (city or town) Caldwell Ide (State or country)	freduktion which made head
. Le È	10. NAME OF FATHER / -/-/-	Did in operation precede death? The Date of
INL ratio	11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy? The
PLAINLY nformation DEATH i	(State or Country) Paonia Colo	(Signed) Company Watterway (Signed) Company Watterway (Signed) D. D.
TE of in	12. MAIDEN NAME OF MOTHER. Howey	MV. 25, 1929 (Address) Caldwell, Hake
WRITE item of i AUSE OF	18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Svery tate C	Informant Ost L. Jing (Address) Cal Luell . Thake Rus. 4	19. Place of Burial, Cremation, or Removal Date of Burial
B.—I ould st	15. Filed 11-25-, 1929, John S. Meyes.	20. Undertaker Address aldwell
ZEE	Registrar	Solaho

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PLACE OF BIRTH STATE OF IDAHO COURFGEIVED DEC 2 1929 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH 176294 No. Registration District No......State File No..... THE RESTURN of birth stated (If born in hospital or institution Prim. Registration District No.....Local Registrar's No.... give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of 70 Sex of Legiti-Triplet and in order in order of Child 130 or other? mate? 4.20 birth of birth (To be answered only in event of plural hirths) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn FATHER-FULL MOTHER MAIDEN number Residence (Usual place of abode) Butte Residence (Usual place of abode) 1344 It non-resident, give place and State If non-resident, give place and State\_\_\_ Color or race white Age at last Birthday 42 Color or race Latter Manage at last Birthday. (Years) Birthplace ..... Birthplace ...... (City and State or County) City and State or County) Occupation +asaneN Occupation ...... HOLE CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE. I hereby certify that I attended the birth of this child, who was Stillborn case of on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

RECORD

WRITE

EV DILIBUR OF PUBLIC VA BUREAU OF VITAL STATISTICS CERTIFICATE OF BERLE Registration Pouriet No...... State Par Prim. Regulation District No. ... .. Does Registrar's No. ... THE NAME OF CHILD (it stillhern, substitute the word Stillbirth for some of shild) Diste of -itig-. 201 756 maje? .... birth ...... (11:14 to ) / Vandro 10 market Mid > (2) to appeared outs to result of paints ( 1919) (MODELLY) What profibe here used to present Ophthainin Normatoron? Notation of this inches notion increases present biggs and an are and now items and now items - 対策経験できる STATEMENT -1.114 the dear of the stranger of th copie on these continue and Agreet bast Hetroday and and Codes or their a days of his Englished from City and State of the property etter und Riern er Countre The state of the same of the s CONTRIBUTION APPROXICE PRESENTED OF ACTIVITIES كالموروب يتناؤنان ا I hereby certify that I attended the birth of this chibt, who was sufficient far .... con the date obere states. 10.195984367 This is there was no attending physician but and other then the father, householder, and butters an assisted of the efter enough ands thus return. A stillborn sed to one that settleer breather nor as artists. affect that all to appet to print a wine Francis ! 1

child

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In case of more WRITE PLAINLY

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DIVISION OF VITAL STATISTICS

DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho\_\_\_

176363

Mrs. H. Anderson Newdale

BIRTH RECISERATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that bluth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

PLACE OF Newdale	DATE OF BIRTH	Oct. 24	SEX OF Fema:
. Number of children born . Number born akive and no . Born phive but now dead	to this mother, i		
. Number of children still	(Please write pla	inly)	
Information with referen	nce to		tion with reference
	mon	7 lore	nee Alge
Harry And (Esch name)  the full (4) (Assidence)	erson (en-Del)	`	Full Maiden name) Residence)
Harry And (File I make)		`	Residence)

discipling you am advance for your courtssy in taking care of this matter immediately in order that the record may be completed, I am,

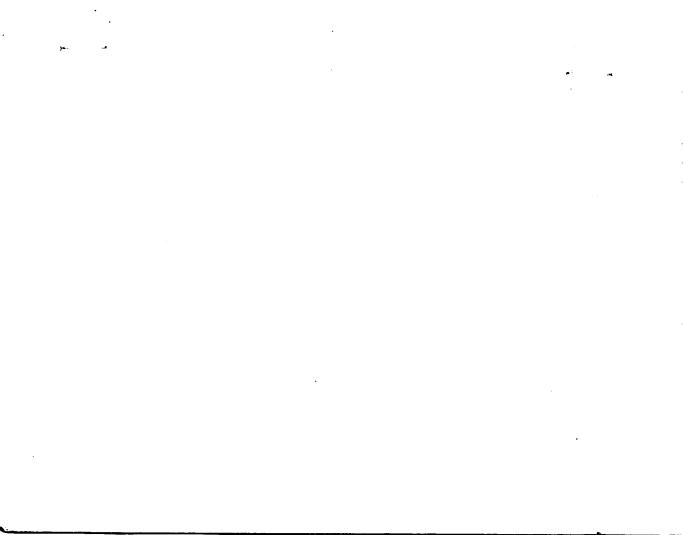
Sincoroly Tours.

Bincoroly Tours.

Special Agent, Bureau of the Census.

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 176500 No. ..... PERMANENT RETURN must Registration District No..... State File No. (If born in hospital or institution Prim. Registration District No. 1916.....Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Date of Triplet Legitiin order Child. or other? birth ... of hirth mate? (To be answered only in event of plural births) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum Number of child of this mother, including present birth... ........... (a) Born alive and now living. Born alive but now dead .... Stillborn MOTHER MAIDEN Residence (Usual place of abode) ..... Residence (Usual place of abode). child If nonresident, give place and State. Birthplace ..... Birthplace (City and State or Country) d State or Country) under Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR IN I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) case \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



EECORD EXACTLY, PHYSICIANS Exact statement of OC.	STATE OF IDAHO  DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  PLACE OF DEATH  County of Registration District No.  City of Registration District No.  (No.  (No.  (If death occurred in a hospital or institution, give its name instead instead of street and number of the county of abode)  (Registration District No.  (No.  (No.  (Usual place of abode)  (Usual place of abode)  Length of residence in city or town where death occurred was meeted. St. (If nonresident give city or type the county of			
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I N. B.—Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly classified. CUPATION is very important. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH* was as follows:		
	14 Informant Melvin & Muyers (Address) Shashway San	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)  (duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?  Did an operation precede death? Date of was there an autopsy?  What test confirmed diagnosis?  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or in deaths from VIO-LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal Date of Burial 19		
N. B.– should CUPAT	15 FIED 19 19 29 Auler Registrar			

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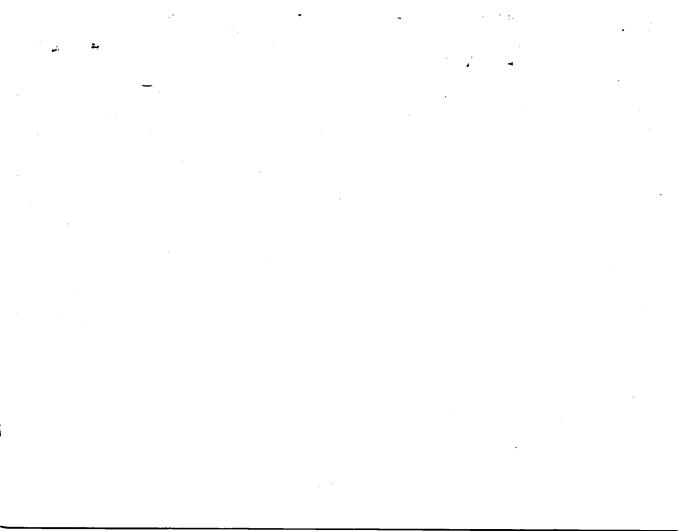
CAUSE OF DEATH n back of certificate.	County of Primary Registration District No	7-060		
id state C.	usual residence, give facts called for under special in- formation.  2. FULL NAME	pital, institution or camp, give its NAME instead of street and number.  MEDICAL CERTIFICATE OF DEATH		
T RECORD SICIANS shoul nt. See instruc	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  (Write the word.)	16. DATE OF DEATH   TO DEATH  TO DEATH  TO DEATH		
IG PERMANENT ACTLY, PHYS 8 very importat	6. DATE OF BIRTH  (Month)  (Day)  (Year)  7. AGE  IF LESS than 1 day	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  19, to 19.29		
MARGIN RESERVED FOR BINDIN H UNFADING INK — THIS IS A supplied. AGE should be stated EX Exact statement of OCCUPATION is	7. AGE  IF LESS than 1 day how many	and that death occurred on the date stated above, at		
	particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer).  9. BIRTHPLACE	(Duration) Yrs. mos. ds.		
	(State or Country) Malad. Close.  10. NAME OF FATHER William H. Vandenor	Contributory (Secondary)  (Duration) yrs mos ds.		
AINLY, be caref r classifie	11. BIRTHPLACE OF FATHER  (State or Country)  12. MAIDEN NAME	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
WRITE PL. information should t it may be properly	OF MOTHER  13. BIRTHPLACE OF MOTHER  (State or Country)	18. LENGTH OF RESIDENCE (For Hospital, Institutions, Transients or Recent Residents.)  At place In the of death yrs mos days. State yrs mos days		
item of s, so that	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William V VIII dewind (Address) The Control of th	Where was disease contracted if not at place of death?		
N. B.—Every in plain term	15. Filed // - 30 1929 M. Mary Local Registrar syms-york co., Printers a Binders, Boise 51088	20. UNDERTAKER  20. UNDERTAKER  ADDRESS  Maladelda		
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made STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 176571 No. Registration District No..... .....State File No... (If born in hospital or institution Registration District No. 2130 Local Registrar's No. 17 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of in order Triplet birth mate' Child or other? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) It non-resident, give place and State... If non-resident, give place and State Age at last Birthday Color or race Birthplace ... and State or County) City and State or County) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Born alive I hereby certify that I attended the birth of this child, who-was on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Filed Oct 25 1929



CITI A TITE	OF IDAHO
RECEIVED MAR 18 1930 DEPARTMENT OF	F PUBLIC WELFARE DO NOT WRITE IN THIS SPACE
****	TTAL STATISTICS
	TE OF DEATH State File No.
County of Jayette Registration District	
Sty of Caractan	Local Registrar's No.
Primary Registration	
(No(If death occurred in a hospital or institution	on, give its name instead of street and number.)
for the GRY	0 P V
2. FULL NAME	,1
(a) Residence. No. (Usual place of abode)	St. (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. n	nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. Single, Married, Wi	dowed, 16. DATE OF DEATH
or Divorced (write the	101 1000 4 19
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
(01) 1122 00	3 Pm10/18, 19 29, to 7 30/0 m 10/18, 192
6. DATE OF BIRTH (month, day and year)	that I last saw h alive on, 19
7. AGE Years Months Days If LESS the	an 1 day, and that death occurred, on the date stated above, at
none — min.	The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED	***************************************
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	duration) yrs. mos.
(c) Name of employer	CONTRIBUTORY (Secondary)
(0) 111111 11 12 13 13 13	(duration) yrs. mos.
9. BIRTHPLACE (city or town)	18. Where was disease contracted
(State or country)	if not at place of death?
10. NAME OF FATHER Q. J. Blume	Did an operation precede death? Date of
AL DIDENTAL AND ALL DAMPINES (-14	was there an autopsy!
(State or Country)	What test confirmed diagnosis
, , , , , , , , , , , , , , , , , , ,	(Signed) M.
12. MAIDEN NAME OF MOTHER 3	/8/12 , 1921 (Address)
18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLE
(State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 7 1	19. Place of Burial, Cremation, or Removal Date of Burial
14. Informant Ct of Strong	7. H 9 1. 19
(Address) Pallitle , Sa.	Japue Jas va 19 "
16. Jel 18 129 10 Worder	20. Undertaker
Filed Company ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	gietrar / Wew C/andm. Malle. I

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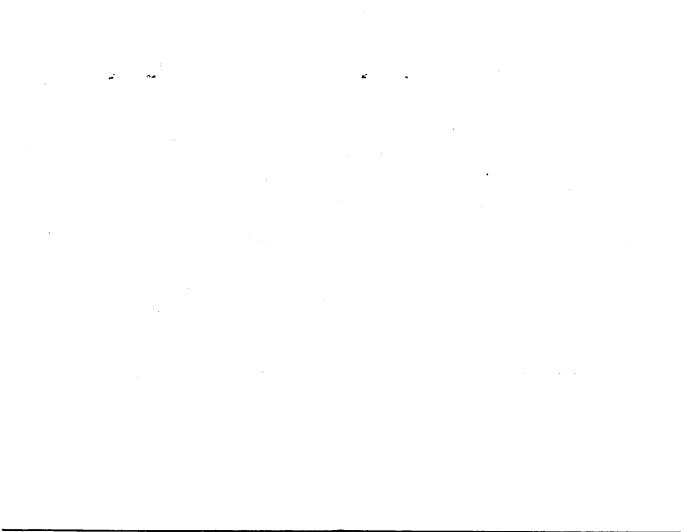
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ANE se st ified.	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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BINDIN IS A P AGE sho properly	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	11	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from 1924, to 1924
FOR THIS ied. ay be ge.	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months D	ays If LESS than 1 day, hrs. or min.	that I last saw h 2 alive on 1 7 , 19 7 and that death occurred, on the date stated above, at 1 2 1 4 2 m.  The CAUSE OF DEATH* was as follows:
G IN Su hat it certif	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work		Stephon
MARGIN RESITH UNFADING IN terms, so the on back of	(b) General nature of industry, business, or establishment in which employed (or employer)		(duration)yrs,mosds.  CONTRIBUTORY (Secondary)
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LY, ion f in stru	10. NAME OF FATHER	aure	Did an operation precede death? M Date of Was there an autopsy?
TE PLAINI f informati OF DEATE	11. BIRTHPLACE OF FATHER (city or (State or Country)	Janus 1	What test confirmed diagnosis?  (Signed)  (Address)  (Address)
WRITE item of i AUSE OF	13. BIRTHPLACE OF MOTHER (city or (State or Country)	Joseph James	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether CCIDENTAL, SUICIDAL, or HOMICIDAL,
Every state C is very	Informant / Carl (Address)	ees la	19. Place of Burial, Cremation, or Removal  Date of Burial  19 7
N. B. should TION	15. Filed 1/. 23 . 1929. Dr.	M. Cowque Registrar	20. Undertaker Jake Justalla

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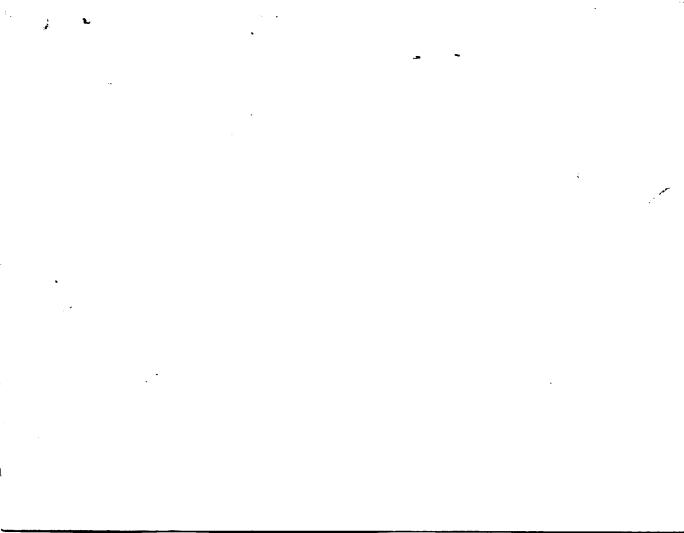
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Do not accept a certificate of death signed only by a midwife.



87	11-0	Protestan DECC	STATE OF IDA	VHO	<u></u>	
PHYSICIAN of OCCUPA	->	RECEIVED DEC6	1929 DEPARTMENT OF PUBL		DO NOT WRITE IN THIS SPACE	
<u> </u>		PLACE OF DEATH	BUREAU OF VITAL S		68357	
<u> </u>	Q.	unty of Ada	CERTIFICATE OF		State File No.	
Ħ	1}	·	Registration District No	2	215	
# 1	Cit	ty of Boise.	Primary Registration Distric	,	Local Registrar's No. 50	
L X			or St. Alphons	us Hospital		
ORD ACTL statem		(If death o	occurred in a hospital or institution, give its	s name instead of street and	number.)	
ENT RECORD stated EXACTLY, d. Exact statemer	2.	FULL NAME: B	aby Downey.		$\gamma$ $\circ$	
r RJ ed I Exac			1 7	St		
at an	Τ.	(Usual place of abode) ength of residence in city or town wh		(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.		
- · · ·				T		
ING PERMAN should be ly classified			TISTICAL PARTICULARS	16. DATE OF DEAT	AL CERTIFICATE OF DEATH	
RR	3.	SEX 4. COLOR OR	or Divorced (write the word)	11	nomber 50 TOSO	
PE PE		Male. White.	Single.		$\begin{array}{cccc} \text{(Month)} & \text{(Day)} & \text{(Year)} \end{array}$	
	58	a. If married, widowed, or divorced HUSBAND of		17, I HEREBY CER	FIFY, That I attended deceased from	
BINI IS A		(or) WIFE of		Mor 29	1929 to Ney 29 1929	
IS IS	6.	DATE OF BIRTH (month, day and	year) Tovember 29th 1929	that I last saw h. Las	restrict alive How 29, 1929	
FOR THIS ed. A be 1	7.	AGE Years Months	Days If LESS than 1 day,	and that death occurre	d, on the date stated above, atm.	
1 == 0 =			v O min.	The CAUSE OF DEA	TH* was as follows:	
RVEI INK. supp	8.	OCCUPATION OF DECEASED	•	Deall	ecured in Mus-	
ESERVED ING INK-ully supply that it m of certifical	1	(a) Trade, profession, or particular kind of work	Mone.			
UNFADING be carefully erms, so that in back, of cel	$\parallel$ .	(b) General nature of industry,		Joelus	And 7 /2 Woults -	
GIN INFAI	1	business, or establishment in which employed (or employer)			(duration)yrsmosds.	
UNFA UNFA be ca terms,		(c) Name of employer		CONTRIBUTORY		
4 + 6					(duration) yrs. mos. ds.	
MA NLY, WITH ation should I'H in plain instruction o	9.	BIRTHPLACE (city or town)(State or country)	Boise, Idaho.	18. Where was diseas	e contracted	
Et D Sh 🛛				if not at place of	death?	
CY, Firm		10. NAME OF FATHER	k Downey.		ede death? Date of	
PLAINLY nformation DEATH i See inst	, n		•	Was there an autopsy	\	
SEE LA	Į,	(State or Country)	eity or town)	What test confirmed d	Men Bouk M. D.	
Sign 3	PARENTS		olarado.	11/29/29 ,6	(Address) Boise Idaho	
	12	12. MAIDEN NAME OF MOTHER	i issne.			
WRITE m of i JSE OF portant.				*State the DISEASE	CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.	
- # H H		13. BIRTHPLACE OF MOTHER (State or Country)	olorado.	whether ACCIDENTA	L, SUICIDAL, or HOMICIDAL.	
-Every i state C/ is very i	14	. Informant Frank Do	wnev.	19. Place of Burial, Cremation, or Removal 1/30/29 19		
tat v						
	-		8 Ada St. Boise Ida.	20. Undertaker Wm. M.C. Bratn	ey. Boise, Idaho.	
N. B. Should TION	"	Filed // - 2 9, 19 2. 9	C Registrar	ym. Mc Bratn	ey. Doise, idano.	
z ę E	i <b>└</b>	9-	1.15			

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957-110:001-152	Form V. S. No. 1120m-7-26-19			
PLACE OF BIRTH DEPARTM	STATE OF IDAHO MENT OF PUBLIC WELFARE			
	REAU OF VITAL STATISTICS			
County of Ada.	CERTIFICATE OF BIRTH			
City of Kuna,	176766			
Registration Distric	t No. File No.			
No St.	on District No. Registered No. U.			
Hospital				
Dohoma Homm	Oad.			
FULL NAME OF CHILD RODGIT HEXT  Sex of Child Maic. Finish I and Sex of Child Maic. Sex of Child Maic. Sex of Child Maic. Sex of Child Maic. Sex of Child Maic. Sex of Child Maic. Sex of Child Maic. Sex of Sex of Child Maic.	Legitimate? Yes. Date of 12 10 1929 (Month) (Day) (Year)			
FULL FATHER NAME Harry A. Rexroad.	FULL MOTHER MAIDEN NAME Grace Jessee			
RESIDENCE	RESIDENCE			
Kuna Idaho.  color AGE AT LAST 45.  White. (Years)	Kuna, Idaho.			
COLOR AGE AT LAST 45 White. (Years)	COLOR Thite Age at Last Age with Age at Last (Years)			
BIRTHPLACE Kansas.	BIRTHPLACE Tdaho.			
occupation Farmer.	OCCUPATION HOUSewife.			
Number of child of this mother, including present birth				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth of this child, who was on the date above stated.	Stillborn, at 4.45, P. M. (Born alive or stillborn)			
*When there was no attending physician or midwife then the father, householder, etc should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Physiciam.			
Given names added from a supplemental report.	(Physician or midwife)  Kuna, Tdaho.			
10 Address				
501.3 / 2	-18 1929 PayMusselma-Registrar.			
Registrar.	Registrar.			
II				

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ians oc-		REAGE OF DEATH	i V I ŭ ⊠20 BΩ	REAU OF VIT	PUBL FAL S <b>E OF</b>	IC WELFARE STATISTICS DEATH	DO NOT WRITE	in this space 68541
LY, PHYSICIANS statement of 0C-	II .	ounty of Ada. ty of Kuna,	Registra Primary (No	Registration	Distri	ct No	Local Registrar's	, ,,
RECORD d EXACT . Exact	(If death occurred in a hospital or inst  2. FULL NAME Robert Rexroad  (a) Residence No. Kuna, Idaho.  (Usual place of abode)		itution	on, give its name instead instead of street and number.)  St.  (If nonresident give city or town and State)				
PERMANENT F should be stated perly classified.	 	sex Male. 4 COLO	nite.   Si	RTICULARS , Married, Wido ced (write the wo	wed,	MEDICAL  16 DATE OF DEATH (Month)	CERTIFICATE OF DI	19 <b>29</b> (Year)
WK—THIS IS A P. supplied. AGE she it may be proper k of certificate.	6 7	HUSBAND of (or) WIFE of	day and year) Dec.	llborn 10-1929 If LESS 1 day, min	_hrs.	that I last saw h	alive on	
DING DING Interpretation of pactors		(a) Trade, profession, or particular kind of work (b) General nature of inclusiness, or establishment which employed (or employer) (c) Name of employer	lustry,			(Stillborn).	(duration) yrs	
WAKGIN , WITH UNFA on should be ca in plain terms, See instructions	11	BIRTHPLACE (city or to (State or country)  10 NAME OF FATHER				18 Where was disease c if not at place of de Did an operation preced Was there an autopsy?	ath? le death? Date o	
PLAINLY informati F DEATH	PARENTS	11 BIRTHPLACE OF FA (State or country)  12 MAIDEN NAME OF I		Kansas. Jessee.		What test confirmed di (Signed) ADDI16	d. F Clem	orgens ware orgens ware na, Idaho.
WRITE TY item of CAUSE 01 is very im;	·  _	13 BIRTHPLACE OF MG (State or country)		Idaho.		*State the DISEASE LENT CAUSES, state and (2) whether ACCID 19 Place of Burial, Crei	DENTAL, SUICIDAL, or	TURE OF INJURY
N. B.—Ever should state	15		Idaho.		r	20. Undertaker		19 Address

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HAN: L4 1930 STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 176860 No. Registration District No. State File No... (If born in hospital or institution Prim. Registration District No. 213 C Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet in order birth Child or other? of hirth mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum?... Number of child of this mother, including present birth. (a) Born alive and now living. Born alive but now dead\_ FATHER FULL MATDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State ge at last Birthday (Years) (Years) Birthplace ... Rirthplace. City and State or Country City and State or Country Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, vacian or midwife etc., should make this return. A stillborn child is one that neither breathes nor Address ./...? shows other evidence of life after birth. ż legistrar.

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DIVISION OF VITAL STATISTICS

DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

176860

C.K. MACEY SPECIAL AGENT

Boise, Idaho

JAN S 5 130

Mrs.HJ Edwards Montpedier

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD This Chil	dreceived no	name as it u as
PLACE OF Montpelier BIRTH**		SEX OF CHILI <b>Male</b>
<ol> <li>Number of children born to the second second alive and now limits.</li> <li>Born alive but now dead</li> <li>Number of children stillborn</li> </ol>	ving /	present birth_2
(Ple	ase write plainly)	
Information with reference to FATHER  Werbert J. Edwards  (Full name)  Montpelier Idaho  (Residence)  Age at last birthday 22  Thaine Ulforning  (Birthplace)  Common Labour  (Occupation)	Leonal.  Mont	formation with reference to  MOTHER  Barringford  (Full Majden name)  (Residence)  st birthday 2/  dale Idaho  (Birthplace)

Thadking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely 10mm

C.K. Macey

Special Agent, Bureau of the Census.

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 $(x_1, x_2, x_3, \dots, x_n) = (x_1, x_2, \dots, x_n) + (x_1, x_2, \dots, x_n)$ 

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National Control

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<b>22</b> 1	STATE OF ID	AHO		
ENT RECORD stated EXACTLY, PHYSICIANS d. Exact statement of OCCUPA-	RECL. JAN 8 1830 DEPARTMENT OF PUB			
33	PLACE OF DEATH BUREAU OF VITAL	CTATICTICS		
Z Z	I MILOD OF DESIGN			
<b>20</b>	County of 454148110411			
E.2	City of Blackfoot.  Registration District No.	Local Bosistanta No. 2/2		
i i	City of Primary Registration Distri	ct No. 2007 Local Registrar's No. 2007		
e ue				
O E E	(No(If death occurred in a hospital or institution, give	its name instead of street and number.)		
OE Sta		<u>, 6</u>		
RECORD EXACT cact state	2. FULL NAME Baby Dunnick			
	(a) Residence. No. Riverside	St.		
두 <u>충</u> ਲ	(Usual place of abode)	(If nonresident give city or town, and State)		
Z g z -	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
G ERMAN puld be classifie	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH		
그 뜻 물량	Male White or Divorced (write the word)	Dec. 5. 1929.		
ING PERN should rly clas	2020	- (Month) (Day) (Year)		
A I	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from		
SIN IS A	(or) WIFE of			
B A F		$- \frac{12-5}{1919}$ , to 19		
FOR THIS ed. A	6. DATE OF BIRTH (month, day and year) Dec. 5, 1929	that I last saw h alive on		
FOR THIS ed.	7. AGE Years Months Days If LESS than 1 da	and that death occurred, on the date stated above, at		
1 .= 0 -=	0 0 0 min.	The CAUSE OF DEATH* was as follows:		
RVED FOI INK—TH supplied.		The same		
	8. OCCUPATION OF DECEASED			
RESERVED F DING INK—T efully supplied to that it may of certificate.	(a) Trade, profession, or particular kind of work			
68 E = T -	11			
ADJ rref so k	(b) General nature of industry, business, or establishment in	(duration) yrs. mos. ds.		
ARGIN I UNFAI be car terms, s	which employed (or employer)	CONTRIBUTORY		
SE SE SE SE SE SE SE SE SE SE SE SE SE S	(c) Name of employer	(Secondary)		
<b>⋖</b> ~ 0	61 10. 4 62 2-	dsds.		
MAWITH WITH Should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted		
<b>2</b>	(State or country)	if not at place of death?		
MLY, WITH tion should I'H in plain instruction	10. NAME OF FATHER Chas. Dunnick	Did an operation precede death? Date of		
PLAINLY, nformation DEATH is	Chas. Dunnick	Was there an autopsy?		
AT AT	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?		
7 5 8 8	(State or Country)	(Signed) / D. Jumphun M. D.		
	(State or Country)  2 12. MAIDEN NAME OF MOTHER Hall	12-6 1, 1929 (Address) Black Hotto		
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WRITE m of i JSE OF portant.	Grace Dunnick	- State the DISEASE CATISING DEATH or in deaths from VIOLENT		
	18. BIRTHPLACE OF MOTHER (city or town) Utah	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
WRITE   item of in SAUSE OF important.	(State or Country)	- Whether ACCIDENTAL, SUICIDAL, or HUMICIDAL.		
~~~	14.	19. Place of Burial, Cremation, or Removal Date of Burial		
Svery ate C	Informant •	Grove City Cem. 12-7-29 19		
7/2—Every state is very	(Address) Dlackfoot Ha			
	15. Flor Dec 6 29Mm Malin E. Valrie	20. Undertaker Address		
N. B. should	Filed O.C.O., M. G. M. Registrar	Modern Furn. & Mortuary Bft.		
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RECORD be made for 1630 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 176945 -THIS IS A PERMANENT SEPARATE RETURN must order of birth stated. State File No..... Registration District No. (If born in hospital or institution Prim. Registration District No. 2022 Local Registrar's No. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sexof Date of Legiti-Triplet and in order birth or other? of hirth mate?~a (Month) (Day) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive and now living Number of child of this mother, including present birth. Born alive but now dead. Stillborn MOTHER FATHER FULL birth each. MAIDEN UNFADING one child at bi Residence (Usual place of abode) Residence (Usual place of If nonresident, give place and State If nonresident, give place and State ze at last Birthday. Color or rac Age at last Birthday Color or race Birthplace Birthplace City and State or Country (City and State or Country) mune Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* more (Rorn elive I hereby certify that I attended the birth of this child, who was \ Stillborn, on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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	Female or Divorced (write the word)	(Month) (Day) (Year)					
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S IS AGE							
FOR THIS ed. 4	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at 2.3 2 9 m.					
	hrs. ormin.	The CAUSE OF DEATH* was as follows:					
RVE INK Sup t it i	8. OCCUPATION OF DECEASED	Drieg bom - Olacento					
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at the second	12. MAIDEN NAME OF MOTHER	12/5, 1924 (Address) taken Ida					
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IAN	RECEIVED JAN 6 830 DEPARTMENT OF PUBLI	C-WELFARE DO NOT WRITE IN THIS SPACE
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E A	(a) Residence. No	St.
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
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FOR THIS led.	6. DATE OF BIRTH (month, day and year)  7. AGE  Year  Months Days  If LESS than 1 day.	that I last saw h alive on 19
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	10. NAME OF FATHER	Did an operation precede death? Date of
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
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statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLAC**ROMONIED** DEC 1 9 1929 STATE OF IDAHO County of Bonneville DEPARTMENT OF PUBLIC WELFARE PERMANENT RECORD BUREAU OF VITAL STATISTICS City of Idaho Falls CERTIFICATE OF BIRTH L. D. S. Hospital birth stated. (If born in hospital or institution Degistration District No. 21 10 Local Registrar's No. 49 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Date of 1 Twin Legiti- Ye birth .... Sex of Female Triplet in order or other? of birth (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Arygrol 20% Number of child of this mother, including present birth.....4................. (a) Born alive and now living.... birth a FULL MOTHER MAIDEN FULL Allen Fifield NAME Eva Pilkington Residence (Usual place of abode) Idaho Falls Idaho Falls Residence (Usual place of abode) It non-resident, give place and State White Age at last Birthday 32 Color or race White Age at last Birthday 27 (Years) (Years) Utah Birthplace Weston, Idaho (City and State or County)
Occupation MUSIC Teacher CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* each I hereby certify that I attended the birth of this child, who was | Stillhorn on the date above stated. (Signature) .... \*Where there was no attending physician? PhvsZcian or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn Address Idaho child is one that neither breathes nor shows other evidence of life after birth. Registrar.

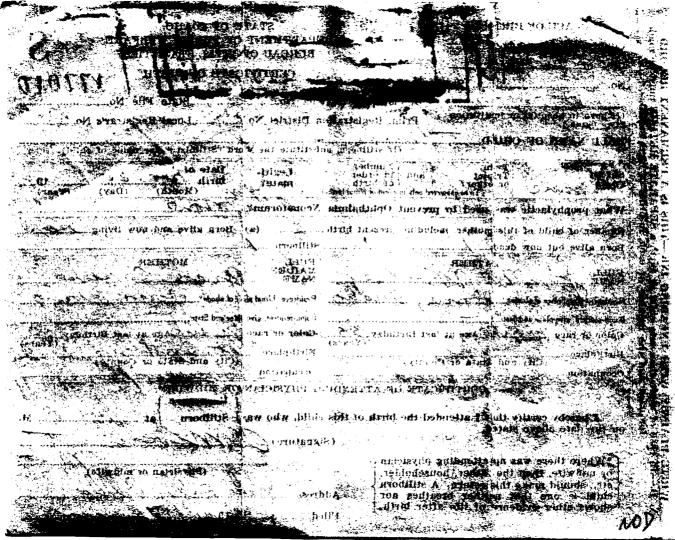
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FORM V. S. No. 5-25 M. 1-19. STATE OF IDAHO PERMANENT RECORD be stated EXACTIV, PHYSICIANS should led. Exact statement of OCCUPATION is CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE REACTOR DEATHE ( ) 9 1929 BUREAU OF VITAL STATISTICS Registration District No..... State File No. Primary Registration District No. 21.N.D City of Q Local Registrar's No...... If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp. called for under special ingive its NAME instead of street and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-2. SEX OWED OR DIVORCED 16. DATE OF DEATH (Write the word) (Month) 6. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from 17. (Month) (Day) (Year) 7. AGE IF LESS than 1 day how many and that death occurred on the date stated above, at. .....hrs. The CAUSE OF DEATH\* was as follows: \_\_\_\_\_Yrs.\_\_\_\_Mos.....ds..... 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employ-Contributory &C ed (or employer)..... (Secondary) 9. BIRTHPLACE (Duration) (State or Country) 10. NAME OF Father 11. BIRTHPLACE \*State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Ħ item of infor OF DEATH Transients or Recent Residents.) 13. BIRTHPLACE At place In the OF MOTHER of death.....yrs.....mos......days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death?.... 14. THE ABOVE IS Former or important. (Informant) usual residence -Every CAUSE (Address) DATE OF BURIAL 15. ADDRESS Local Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."



DIVISION OF VITAL STATISTICS

## DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho

JAN 28 1930

## 177010

Mrs. J.W. Woolsey Iona, Ida.

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT.

DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD		
PLACE OF BIRTH** Lincoln, Ida.  DATE OF BIRTH	Nov. 25, 1929 SEX OF CHILD Wale	9
<ol> <li>Number of children born to this mother</li> <li>Number born alive and now living</li> <li>Born alive but now dead Onlow</li> <li>Number of children stillborn onlow</li> </ol>	monse	
(Please write	plainly)	
Information with reference to  FATHER  John William Woolsey  (Full name)  (Residence)	Information with referen  MOTHER  Grace Newman  (Full Maiden name)  (Residence)	
Age at last birthday  Source, Idaho.  (Birthplace)  (Occupation)	Age at last birthday  (Birthplace)	1

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely Yours,

C.K. Macey

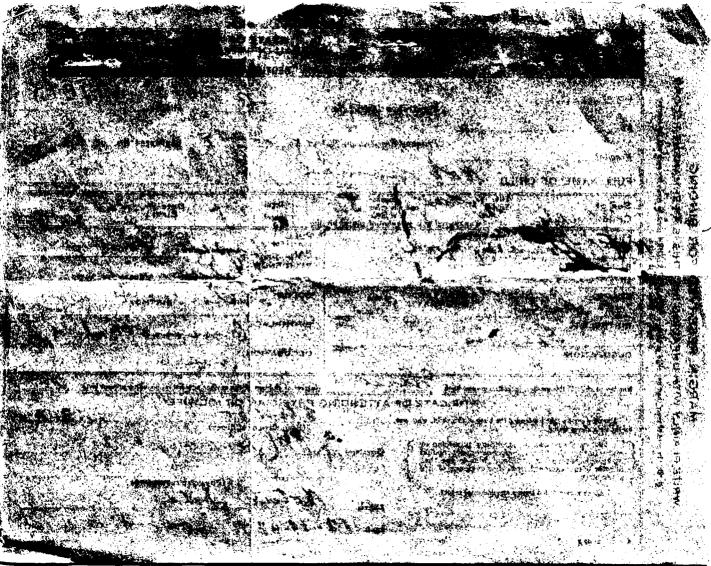
Special Agent, Bureau of the Census.

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869-112-014: Form V. S. No. 11-C-25m-1-1-18 STATE OF IDAHO BUREAU OF VITAL STATISTICS County of RECORD City of Registration District No. Registered No. 2.33 Primary Registration District No. Hospital Sex of inswered only in event of plural births COLOR (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of child of this mother, including present birt I hereby certify that I attended the birth of this child, who on the date above stated. "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given names added from a supplemental report. Registrar 8-Y CO. 24688



4.55	STATE OF ID	AHO
<b>4</b> 5	RECEI JAN 13 1930 DEPARTMENT OF PUB	
CCUPA-	PLACE OF DEATH BUREAU OF VITAL	
<b>5</b> 0	CERTIFICATE OF	State File No
PH Y	County of Registration District No	, 2
E P	City of Cal divell Primary Registration Distri	I cal Domistrania No. / 2 /-
ı,Y,		
T RECORD ted EXACTLY, Exact statemen	(No(Hf_death occurred in a hospital or institution, give i	ts name instead of street and number.)
AC AC sta	(12 ca)	~/0'
RECORD EXACT cact state	2. FULL NAME OCCUPY	
r R Exa		St.
ate J	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and State) is. How long in U. S., if of foreign birth? yrs. mos. ds.
NG PERMANENT hould be state y classified. F		MEDICAL CERTIFICATE OF DEATH
Eig &	PERSONAL AND STATISTICAL PARTICULARS	16. DATE OF DEATH
R P E	3. SEX 4. COLOF OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	10. DATE OF DEATH O. 12" 90
ING PERI should rly clas	Male while Single	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
BINI AGE prope	(or) WIFE of	<b>  </b>
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FOR THIS led. Ity be 1	6. DATE OF BIRTH (month, day and year) Dec 12-29 7. AGE, Years Months Days OII LESS than 1	that I last saw h alive on, 19
VED FOUNTAINS SUPPLIES IT MAY	7. AGE Years Months Days Olf LESS than 1 in	and that death occurred, on the date stated above, at 4 a. m.
E M E	min.	The CAUSE OF DEATH was as follows:
SERVED FOR INK.—TI supplied that it may certificate.	8. OCCUPATION OF DECRASED	
SSER NG I ully s that	(a) Trade, profession, or particular kind of work	
REDINGER	(b) General nature of industry,	
FADI Caref 8, 80	business, or establishment in which employed (or employer)	(duration)yrsmosds.
ARGIN RESE UNFADING be carefully terms, so that	(c) Name of employer	CONTRIBUTORY (Secondary)
	(c) Name of employer	(duration) yrs. mos. ds.
MA WITH Should plain iction	9. BIRTHPLACE (city or town) Wife	11
TE PLAINLY, WITH of information should OF DEATH in plain ant. See instruction	(State or country)	18. Where was disease contracted if not at place of death?
Tring.	10. NAME OF FATHER	Did an operation precede death? Date of
PLAINLY nformation DEATH i	CIT. GOTA.	Was there an autopsy?
AII Pe Se	11. BIRTHPLACE OF FATHER (city of town) (State or Country)	What test configned diagnosis?
P. P. P. P. P. P. P. P. P. P. P. P. P. P	Leorgia.	(Signed) M. D.
면 : <sup>[]</sup> [	(State or Country)  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER	Des. 13 , 1929 (Address) Nathur other
15 % E	mary relieps	
WRITE item of i AUSE OF important.	18. BIRTHPLACE OF MOTHER (cut or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
WRI y item o CAUSE y imports	(State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~ O ~	14. O P 11 and	19. Place of Burial, Creuntion, or Removal Date of Burial
-Every state ( is very	Informant (Address) Pal Sulli. Yolahs. Rus. ?.	Canyon Hill Dec 13 129
i si	(Address) Caldwell Tolans. Pars.	20. Undertaker Address
B B ION	15. Filed 12-13. 1929. John Mayes.	Paul L. Case Caldwell, Ide
. 22	Registrar	Lant T. Case / hardactrita

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marsmus," "Old age,"
"Stack," "Urania," "Woolean," askers," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

OF.

DIVISION OF VITAL STATISTICS

DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

177073

C.K. MACEY SPECIAL AGENT

Boise, Idaho

JAN 20 Inon

Mrs. C. York

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

Caldwell

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD	Saby	your	
PLACE OF BIRTH** Caldwell	DATE OF BIRTH	Dec. 12, 1929	SEX OF CHILD Male
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Information with reference  FITHER  Comal Pay You  (Full name)  Age at last birthday  Claytot Que  (Birthplace)  Homes  (Operation)	to  A	Mary Son Caldu	

Thousing you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sinceraly Yours,

6 N. Maccy

Special Agent, Bureau of the Census.

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for	County of Cleanwale DEPA	RTMENT OF PUBLIC WELFARE
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252	FULL NAME OF CHILD THEY Shell	ma sucile smolinsta
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44.4	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*
an e		Born slive \ 130 \
784	I hereby certify that I attended the birth of this chi	ld, who was \ Stillborn \ at \ \ M
INL)	on the date above stated.	man of a do a
701	(Sign	ature)
PLA case	( *TTThere there was no attending physician )	$\mathcal{M} \mathcal{N}_{1}$
	*Where there was no attending physician	(Physician or midwife)
In	or midwife, then the father, householder,	
T.	etc., should make this return. A stillborn . Addre	ess Proportion
WRITE B—In	child is one that neither breathes nor	2.30 has All of lecur
ż	shows other evidence of life after birth. Fileds	Registrar.
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80 1	STATE OF IDAE	10
ZZ .	RECEIVED JAN 6 1830 STATE OF IDAE	
55	PLACE OF DEATH BUREAU OF VITAL ST.	
	CERTIFICATE OF 1	DEATH State File No
H A	County of Registration District No	90
ORD ACTLY, PHYSICIAI statement of OCCUP	City of Great School Primary Registration District	No. 2/87 Local Registrar's No
ıΥ, ner		
O E E	(No(If death occurred in a hospital or institution, give its	name instead of street and number.)
Sta Sta		701
RECORD EXACT act state	2. FULL NAME Thelma quell of mo	ancher,
~ ~ .	(a) Residence. No.	St. (74
at N	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State)  How long in U. S., if of foreign birth?yrsmos ds.
NG PERMANENT hould be state y classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M.A. d. d. d. d. d. d. d. d. d. d. d. d. d.	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH
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BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN IS A F AGE sho properly	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
E SE SE SE SE SE SE SE SE SE SE SE SE SE	(or) WIFD of	
8 13 %	6. DATE OF BIRTH (month, day and year)	that I last saw h alive on, 19
SE TES	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm.
Sat man	1- 4 C min.	The CAUSE OF DEATH* was as follows:
VVED   INK—7 supplie it ma; tificate	8. OCCUPATION OF DECEASED	Boon dead, Mul outh
RESERVED DING INK-efully supple to that it most of certifical	(a) Trade, profession, or particular kind of work.	
	,	
	(b) General nature of industry, business, or establishment in	(duration)yrsmos,ds.
RGIN UNF. be ca erms, n bac	which employed (or employer)	CONTRIBUTORY
MARGIN TH UNFA dd be ca in terms, n on bacl	(c) Name of employer	(Secondary)
HHHH	9. BIRTHPLACE (city or town) Green 2da	(duration)yrsmosds.
WITI WITI Shoul plair ction	(State or country)	18. Where was disease contracted if not at place of death?
rin s	10. NAME OF FATHER A D D' B.	Did an operation precede death? Date of
VLY, trion 'H in instru	polivard Smalinski	Was there an autopsy?
AIN SE	2 11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
February St.	(State or Country)	(Signed) J. J. Collection M. D.
B : F 전 :		(Address) Conjero Sec
E of tall	12. MAIDEN NAME OF MOTHER	
Z 5 2 2	13. BIRTHPLACE OF MOTHER (city or sown)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ite V	(State or Country) Netranda	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
is in $\gamma$	14. Informant Edward Surolinski	19. Place of Burial, Cremation, or Removal Date of Burial
77/ Ever state is ver	(Address)	Frager, Cemetery Lax 5 19
J. I. B. B. B. B. B. B. B. B. B. B. B. B. B.		20. Undertaker Address
Ogen 7	15. Filed 24 36, 1924. Projection	Had no undelake
Z Z Z	Registrar	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock" "Urasmia" "Woolkness" etc. when collaboration." "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL senticemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

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IARGIN RESER I UNFADING I d be carefully terms, so that on back of cer	8. OCCUPATION OF DECEASED  (a) Trade, profession; or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  Preston Idaho  9. BIRTHPLACE (city or town) (State or country)	Oktly to determine - Child hed her deal 48 hours or more - Child he land her deal 48 hours or more - Child he land her mos.  Contribution without Clothing (Secondary)  (Secondary)  (duration) yrs. mos. ds.  18. Where was disease contracted if not at place of death?		
WRITE PLAINLY, WITH item of information shoul AUSE OF DEATH in plain important. See instruction	10. NAME OF FATHER  Ornald KefoedWester  11. BIRTHPLACE OF FATHER (city or town) (State or Country)  Wester Idahe  12. MAIDEN NAME OF MOTHER  Etma Stephens  18. BIRTHPLACE OF MOTHER (city or town) (State or Country)  Prester Idahe	Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  (Signed)  (Address)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
N. B.—Every in should state CA	14. Ornald Kefeed  Informant. (Address)  Prester  15. Filed Sec. / 7 , 19.27. Registrar	19. Place of Burial, Cremation, or Removal  Prester  20. Undertaker  Date of Burial  19  Address		

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بالمأجرة فالم

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Pranklin RECORD BUREAU OF VITAL STATISTICS City of Clifton, Ida CERTIFICATE OF BIRTH Registration District No. 22 State File No. RETURN (If born in hospital or institution Prim. Registration District No. 2119 Local Registrar's No..... give name.) Still Born (If stillborn, substitute the word "Stillbirth" for name of shild) FULL NAME OF CHILD..... birth Number SEPARATE Legitiand in order 6 Sex of Triplet of hirth mate yos or other? Child Femal e (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Arganol and Borio Born alive but now dead......Stillborn ......... birth MOTHER FULL FATHER MAIDEN MAIDEN Irene Butters FULL NAME LeRoy Mills Residence (Usual place of abode) Clifton, Ida Residence (Usual place of abode)... Clifton Ida number If non-resident, give place and State..... It non-resident, give place and State Color or race white Age at last Birthday (Years) Birthplace Cornish Utah (City and State or County) Birthplace Jowiston Utah
(City and State or County) Occupation Housewife Occupation Rarmer CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* each Born alive PLAINLY 8 Рапа M. I hereby certify that I attended the birth of this child, who was attended the birth of this child. on the date above stated. (Signature) \*Where there was no attending physician WRITE (Physician or midwife) or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAGED

DEPARTMENT OF ITELEARE BARAU OF PERM STATISTICS CERTIFIED OF RECESSORY Prim. Registration District No. 444 Local Becister's Mic. II stillborn, substitute the word "Stillborth" for name of their Tent and in order LegitiTriblet and in order Legitiof blein order frag. (Month) (Vest) (Clear The prophylactic was used to prevent (spirthaluda Neonatorum? A. Harril 175 file Number of child of this mistigs, including present birth .... (a) Born after and now living Rorn-alles but now dond NAME ITOTAL PRETERE Manuface of about 10 1 110 1 100 Nambers (Used place of sheet ) has sighted, sign place and Sast.

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A-A-		RECEIV.	ا JAN ن	1630	STATE OF I	DA	НО		
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NENT RECORD stated EXACTLY, ] ed. Exact statement	2.	FULL NAM			ospital or institution, give			and number.)	V
INT RI		(a) Residen	ce. No.			••	,	(If nonresident give c	ity or town and State) yrs. mos. ds.
ANE se si ified		PER	SONAL AND STAT	STICAL PAR	TICULARS		MED	ICAL CERTIFICATE O	F DEATH
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BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single					(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from			
E SE	6. DATE OF BIRTH (month, day and year)					that I last saw h	Bonberd	ea -, 19	
	7.	AGE Y	Cears Months	Days	If LESS than 1 d		11 .	rred, on the date stated a	bove, atm.
Œ	8. OCCUPATION OF DECEASED  (a) Trade, profession, or child particular kind of work.			The CAUSE OF DEATH* WAS AS SHOWS.					
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<b>₹</b> + 5	_	(c) Name of					D Walter	in Primit	ara -
MAWITH Should plain ction	9.	BIRTHPLACE (State or count)		Clifto	n,Ida		18. Where was disc if not at place of	ease contracted	vrs. mos ds
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of information OF DEATH is ant. See inst	PARENTS	11. BIRTHPLA (State or Co	CE OF FATHER (country)	ity or town) ston, Uta			What test confirmed	diagnosis?Cla	maal M. D.
	PAR	12. MAIDEN N	NAME OF MOTHER	rene B	utters		Dle-12.	1929 (Address)	eston Ida
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very ate C	14	I. Informant	LeRoy Mil	ls			19. Place of Burial,	Cremation, or Removal	Date of Burial
Ever state is ver	_	(Address)	Clifton,I	de	79-1			on,Utah	Dec 14 19
N. B.should	18	Filed Sec.	15, 19.29	CRIA	Registrar	4	20. Undertaker H endric	ks	Address

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"Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

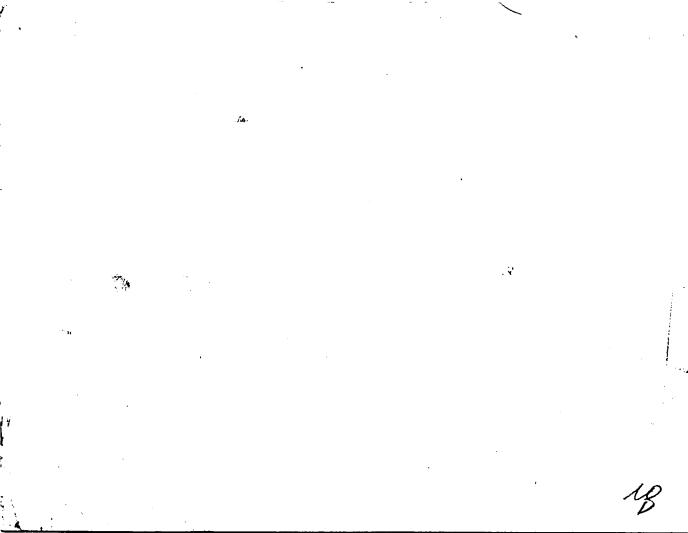
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLREGE MER JAN 13 1930 STATE OF IDAHO 3. A PERMANENT RECORD TE RELURN must be made for birth stated. County of Nonte DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH (If born in hospital or institution Prim. Registration District No. 165 Local Registrar's No. 3 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legitia Triplet in order IS IS A Child birth or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? 2 (a) Born alive and now living. Number of child of this mother, including present birth Born alive but now dead Stillborn FATHER MOTHER FULL FULL MAIDEN C năme 🕚 Residence (Usual place of abode) ( Que ) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State. Age at last Birthday J Age at last Birthday (Years) Birthplace . Birthplace (City and State or Country) (City and State(or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* Born alive at 5:30 I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Z



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SE OF DEATH ck of certificate.	1. PLACE OF DEATH  County of Latah. Registration District No  Primary Registration Dist	File No. 2/45 File No. St.) Regist	State of Idaho BOARD OF HEALTH Bureau of Vital Statistics File No	
ate CAUSE	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME.	Bre Grades	if death occurred in a hos- pital, institution or camp, rive its NAME instead of street and number.	
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD sem of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state (so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on	PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE Of MEDICAL CERTIFICATE Of DEATH  16. DATE OF DEATH  17. I HEREBY CERTIFY, That I as 92. 172 19.29, to 20. and that death occurred on the date starthe CAUSE OF DEATH* was as follow Love Love Love Love Love Love Love Love	treet and number.  F DEATH  (Pay)  (Day)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Yea	
N. B.—Every in plain terms,	(Address) 15.  Filed Dec-/8 1929 FW. Mountly Local Registrar  SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	19. PLACE OF BURIAL OR REMOVAL  Balouse. Wash,  20. UNDERTAKER  E. Truin.	ADDRESS Polyuse	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of "(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. (If born in hospital or institution Prim. Registration District No. Local Registrar's No. 3 give name.) birth (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet and in order Child or other? birth ... mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead......Stillborn ..... Residence (Usual place di abode) Residence (Usual place of abode) It non-resident, give place and State. If non-resident, give place and State Color or race Last Birthday ..... ...Age at last Birthday 45 Birthplace .... Birthplace .... on County) ty and State or County) Occupation / Company CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was | Stillborn case of on the date above stated. \*Where there was no attending physician? or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.

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ERMANENT RECORD uld be stated EXACTLY, PHYSICIANS classified. Exact statement of OCCUPA-	PLACE OF DEATH  County of Show Primary Registration District No	DO NOT WRITE IN THIS SPACE ATISTICS DEATH  State File No.  Local Registrar's No.  And And Andrew Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the		
NG PERMANENT F rould be stated y classified. Ex	(a) Residence. No	St.  (If nonresident give city or town and State)  How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH		
BINDING IS A PERI AGE should properly class	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  7. 19 29, to Die 17, 19 29		
KVED FOR INK—THIS supplied. A it may be it fificate.	6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED	that I last saw h		
KGIN KESER UNFADING be carefully erms, so that 1 back of cer	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs, mos. ds.  CONTRIBUTORY (Secondary)		
MA Y, WITH 1 m should in plain to truction or	9. BIRTHPLACE (city or town) Shoshore Volaho (State or country)  10. NAME OF FATHER A	(duration) yrs. mos. ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?		
FE PLAINLY f information OF DEATH int. See inst	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  ACLASON  12. MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed diagnosis?  (Signed)  (Signed)  (Address)		
WRITE y item of i CAUSE OF	13. BIRTHPLACE OF MOTHER (city or town) Minnespolis (State or Country)  Minnespolis	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
B.—Everyould state	14. Informant & Reynolds (Address) Richfilld Molaho  15. Filed 19, 1929 August	19. Place of Burial, Cremation, or Removal  Richfuld Sako  20. Undertaker  Address		
<b>25</b> 5	Registrar	e of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		

 STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

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Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH BURARTMENT OF PUBLIC WIS PARE lo vinue') State Mile No. Registration toward No. ... ... .. .. St. logaryt .... on a constant the Primary Logiston District No. Land Registerie No. ... (the transition of no value without hill name of child) to aisti: -Hitso. ( melmoui ban } birth... meter f dingel fie 1 "rodio 20 Cluid (Mouth) (La he answored only to even or other d birthel What hactericidal solution was used in eyes? "conber of child of this mother now living, including prepart with Negative of cerel of this mother includent present birth MOTHER FATHER JACK MAIDEN AMA. NAME RESIDENCE RESIDENCE CCLOR AGE AT LAST COLOR YACHTRIS OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ ( swim alive ! t hereby earlify that I attended the birth of this child, who was i willborn i at on the date above stated. "When there was no attenting physician t Signatures or minwife, then the father, househ thick i tte, should rinke this return. A sthiborn child is one that neither breathes nor i shows other evidence of life after bit th (Physiatan or migette) Give names added from a supplemental report. Address 1995 ....beil'i Herrstruc.

DAN 13 1930 STATE OF IDAHO PHYSICIANS

of OCCUPA PARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... County of Registration District No..... City of ... Local Registrar's No.... stated EXACTLY, ed. Exact statemen Primary Registra District PERMANENT RECORD a hospital or institution, give its name instead of street and number.) 2. FULL NAMES Residence. No.. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. VIS. ds. How long in U. S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH should be COLORIOR, RACE Single, M 16. DATE OF DEATH arried, Divarced (Month) (Day) (Year) 4 5a. If married, widowed, or divorced AGE HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year, that I last saw har alive on 7. AGE If LESS then Years Months Days and that death occurred, on the date stated above, at min. The CAUSE OF DEATH\* was as 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (duration) which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) **Should** (duration) .....yrs. 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?. Date of. Was there an autopsy? 11. BIRTHPLACE OF FATHER (city or town) What test confirme (State or Country) (Signed) OF. important, 12. MAIDEN NAME OF MOTHER y item o \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city (State or Country) Place of Burial, Cremation, Date of Burial state Informant. (Address) Undertaker Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

1

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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ř	PLAREDEBURGO JAN 6 1630 STATE OF IDAHO C
RECORD be made for	County of LILLIA DEPARTMENT OF PUBLIC WELFARE
Öğ	City of Dollrook BUREAU OF VITAL STATISTICS
対目	CERTIFICATE OF RIPTH
2 2	Nost.
Z S	249/2/ 63/5 5/9 Registration District No
NENT N must	(If born in hospital or institution Prim Registration District No
ZZ-Z	
PERMAN RETURN h stated.	FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child)
PE S	Sex of Marie Legist A Date of Marie 1 19
TE P	Child /// or other? and in birth mate? birth birth 19
	(Year)/
S IS VRA r of	What prophylactic was used to prevent Ophthalmia Neonatorum?
SEPA order	Number of child of this mother, including present birth (a) Born alive and now living
02	Born alive but now dead Stillborn Stillborn
AK-ha ha i, in	FULL MADDEN GOTHER
hirth birth	NAME JAU WIEN SMITH NAME CLAR DO GARGE
ING at b	Residence (Usual place of abode) Morlow Residence (Usual place of abode)
<b>A</b> —	If nonresident, give place and State If nonresident, give place, and State
UNFAD ne child number	Color or race While Age at last Birthday 32 Color or race White Age at last Birthday 29.
Die nu	(Years) War (Dag (O ) / ( ) (Years)
H 4	Birthplace (City and State or Country)
E34	Occupation Tarmer Occupation Temperature
e t	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
No.	I hereby certify that I attended the birth of this child, who was sufficient at
es a	on the date above stated.
<b>≸</b> ia	(Signature) Signature)
PL	*Where there was no attending physician (Physician or midwife)
E L	or midwife, then the lather, householder,
WRITE B.—In	etc., should make this return. A stillborn child is one that neither breathes nor
Σ <sup>H</sup>	shows other evidence of life after birth. Filed 1731 1929 1.74. Zurus
Z	Registrar.
	n

PRINCE PERROL WITH LEE TO SECULAR STATES OF STATES RISER IO WYADPETSES Line roll in District No. 14 - 13 Shoth PULL NAME OF CHILD. AL Sara Sara ปี เราเป็น ที่จะ วงวนพาศรษณ ครั้ง (วิธี ्रा धार्मा "metalisms of a missistem." What prophylactic was used to prayout and H.M. miles of while of this mayber, including the uniform man in the born store and may living ... In a their was was evilous of the adverse (Court place of shode) .... .... I noncesident, give place, and stone. Order in every of the philipping to me where no the Attenday and (City and Mete or Country CERTIFIC FOR STATE OF STANK OF STORAL OF STORES SYNE TOWN I hereby certify that I attended the both of this chitch who was a Stillbook at the content of the a the date above stated. Strontone and Link and the street of "Whose there was up attending physician. or midwife, then the father, househabler, eter, should make this return. A sufficient, aus surfami redffin tall fon ei bant should room off to smultive room stroids

state CAUSE OF DEATH ons on back of certificate.	1. PLACE OF DEATH JAN 6  County of City of County away from usual residence, give facts called for under special information.  CITY OF DEATH JAN 6	Registration District No  Primary Registration District No	rict No. 2069 File	State of Idaho BOARD OF HEALITH breau of Vital Statistics No
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should s in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction	6. DATE OF BIRTH  (Month)  7. AGE  Yrs. Mos. ds.  8. OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer)  9. BIRTHPLACE  (State or Country)  10. NAME OF FATHER  (State or Country)  11. BIRTHPLACE  OF FATHER  (State or Country)  12. MAIDEN NAME  OF MOTHER  (State or Country)  13. BIRTHPLACE  OF MOTHER  (State or Country)  CACAL  (State or Country)		MEDICAL CERTIFICATE  16. DATE OF DEATH  (Month)  17. I HEREBY CERTIFY, That I 192, to that I last saw h	(Day)  (Day)  (Year)  (I attended deceased from  (Year)  19  (I attended deceased from  (Year)  19  (Stated above, at 3 2 4 M.  (Ows:  (I attended deceased from  (Year)  (I attended deceased from  (Year)  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I attended deceased from  (I at

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	PLACE OF BIRTH	STATE OF IDAHO			
Ä		PARTMENT OF PUBLIC WELFARE			
9	County of Lelon	BUREAU OF VITAL STATISTICS			
ag S	City of Driggs R.D.	CERTIFICATE OF BIRTH			
KECOKD be made for	No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No 77 State File No 177631			
st ?					
URN must stated.	Hospital Primary Registration	District No. 2/76 Local Registrar's No. 6 2			
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		no value without full name of child)			
A FEISMAN E RETURN birth state	Sex of Child Triplet and Number in order or other?  (To be answered only in event of plural births)	Legitimate:    Date of   5   9   1929			
SEPARATE n order of b	What bactericidal solution was used in eyes?	<del>ol 10 70</del>			
EPAR order	Number of child of this mother, including present birth 5 Numb	ber of child of this mother now living, including present birth.			
ا ≕به ار	FATHER PACE Carlosu	FULL MOTHER MAIDEN NAME NEAL HABBELL			
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one child at birth number of each,	COLOR AGE AT LAST 33 BIRTHDAY (Years)	COLOR AGE AT LAST 28 BIRTHDAY (Years)			
unra ne child number	BIRTHPLACE Thys.	BIRTHPLACE Wol			
with the o	OCCUPATION Plansher	OCCUPATION #, W.			
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+				
LITE PLAINLY In case of more each an	I hereby certify that I attended the birth of this child on the date above stated.	d, who was Stillborn at 9.40 P. M.			
P.L./	*When there was no attending physician	ture) L.TT. Tedue M. D.			
WRITE —In cas	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor				
	shows other evidence of life after Dirth.	(Physician or midwife)			
≥ m/d	Give names added from a supplemental report.	s Dregge, Jooks.			
Ż	192	12-28 martha marke			
	Registrar.	Registrar.			

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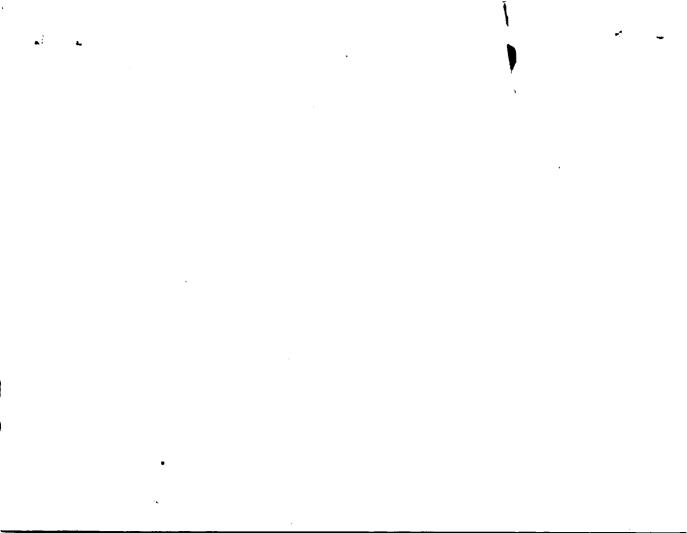
	OF DEATH of certificate.	FORM V. S. No. 5-25 M. 1-19.  1. PLACE OF BEATH D JAN 2 1830 CERTIFICA	TE OF DEATH State of Idaho  17 17 BOARD OF HEALTH		
	THE DE	Registration District No	Bureau of Vital Statistics		
	of c	County of Primary Registration Dist	rict No. 2/76File No		
	SE ck	City of Lrigg v (No	St.) Registered No		
ate CAUSE	state CAI	If death occurs away from usual residence, give facts called for under special in- formation.  2. FULL NAME	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.		
	should s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
RECORD CIANS short. See instr		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED (Write the word.)	16. DATE OF DEATH		
2	ry SJ	6. DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended deceased from		
TO MA ME	XACTLY, PH	(Month) (Day) 1/29 (Yedr)			
<b>∄</b> ₹ i	"BZ	7. AGE  THE LESS than 1 day how many	that I last saw h alive on		
BR 1	e sta	8. OCCUPATION	The CAUSE OF DEATH* was as follows:		
). 	ld be	(a) Trade, profession or particular kind of work	Chill/born		
SERVE	GE shoul	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)			
MARGIN RETENTATION SUPPlied. A	A m	9. BIRTHPLACE (State or Country)	Conditions (Secondary)  (Duration)  Yrs mos ds  Monstrottly		
	ly su Ex	10. NAME OF PAIN a. Carloga	(Duration) yrs mos ds		
	Bet.	11. BIRTHPLACE OF FATHER	(Signed) M. D. N. D. Oka. M. D. Oka.		
DI AINIT	should be properly cl	12. MAIDEN NAME York Washel	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
WRITE	mation s	13, BIRTHPLACE OF MOTHER 2//-/	18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.)  At place In the of death yrs mos days. State yrs mos ds  Where was disease contracted if not at place of death?		
	nfor it m	(State or Country)			
	of h	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
7	tem so t	(Informant) Carl a Carlose	Former or usual residence		
3	Every i	(Address) Duggo State	19. RLAÇE OF BURIAL OR REMOVAL DATE OF BURIAL		
177 C. B.—Eve		15. Fled 19-38- 1999 Marting marker	20. UNDERTAKER ADDRESS		
	N.H.	Local Registrar	Had nome.		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 urs.) For persons who have no occupation whatever, write None.

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STATE OF IDAHO PERMANENT RECORD
RETURN must be made for h stated. DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... ...State File No..... (If born in hospital or institution Prim. Registration District No. 2.027 Local Registrar's No. give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Sex of Date of Legitiin order IS A or other? birth Child mate? (Month) (To be answered only in event of plural births) (Day) (Year What prophylactic was used to prevent Ophthalmia Neonatorum?... -THIS SEPA Number of child of this mother, including present birth.... ......(a) Born alive and how living Stillborn Born alive but now dead. FATHER MOTHER FULL each. MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) ..... one child If nonresident, give place and State. If nonresident, give place and State. number Age at last Birthday Age at last Birthday. Color or race Color or race Birthplace Birthplace. (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. more Born alive **PLAINLY** I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife WRITE etc., should make this return. A stillborn child is one that neither breathes nor Address ...... shows other evidence of life after birth. Filed / 1919 Registrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No..... CERTIFICATE OF DEATH Registration District No..... Local Registrar's No. Primary Registration District No. 2021 occurred in a monital or institution, give its name instead of street and number.) (If nonresident give city or town and State) How long in U. S., if of foreign birth? YFS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single Married, Widowed, or Divorced (write the word) 812 16. DATE OF should (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) ... alive on... 7. AGE Years Months Days If LESS than 1 day. and that death occurred, on the date stated above, at .... ...hrs. or The CAUSE OF DEATH \* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. \_\_\_\_mos. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?\_\_\_\_\_\_ Date of\_\_\_\_\_ OF DEATH ant. See inst Was there an autopsy? \_ 11. BIRTHPLACE OF FATHER What test confirmed diagnosis? (State or Country) (Signed) tant. 12. MAIDEN NAME OF MOTHE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) 14. 19. Place of Burial, Cremation, or Removal Date of Burial Informant (Address) 20. Undertaker Registr

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

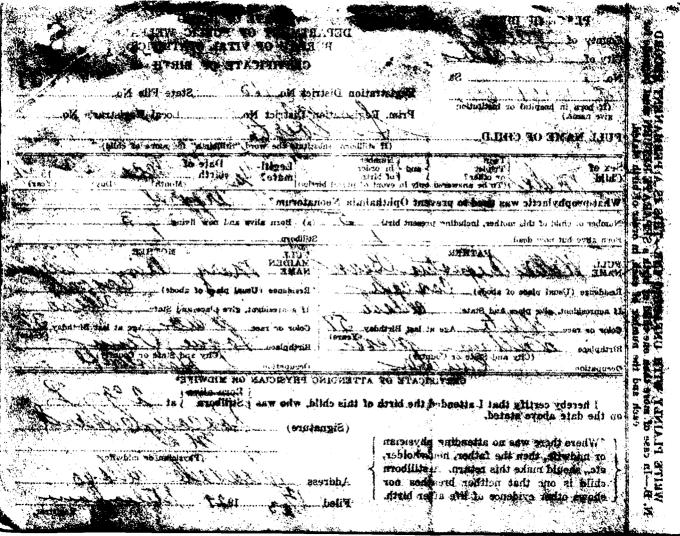
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT | RETURN must b th stated. Registration District No. State File No. (If born in hospital or institution Prim. Begistration District No......Local Registrar's No..... give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order birth or other? Child mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? -THI SEPA Born alive and now living. Number of child of this mother, including present birth. Born alive but now dead ..... Stillborn MOTHER FATHER FULL birth FADING child at b Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and Stat If nonresident, give place and State at last Birthday Color or race one Birthplace .. (City and State or County Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE more ch an I hereby certify that I attended the birth of this child, who was LStillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, WRITE B.—In etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.



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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

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Do not accept a certificate of death signed only by a

midwife.

343,220003 663 PLARECEPTURD .1AN 1 6 1930 County of Bannack STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE City of Pacatella BUREAU OF VITAL STATISTICS RETURN must No. St. Unthony st. CERTIFICATE OF BIRTH Registration District No. State File No. birth stated (If born in hospital or institution Prim. Registration District No. 2/6/ Local Registrar's No. 4.04 give name.) (If sollborn, substitute the word "Stillbirth" for name of shild) FULL NAME OF CHILD.... Twin 2nd Sex of Number 2 nd Triplet Child temale and -Legiti. Date of or other? of birth Yes birth .... (To be answered only in event of plural births) mate? Born alive but now dead......Stillborn ..... birth MAIDEN NAME Trances Foley Residence (Usual place of abode) 845 Harris and Residence (Usual place of abode) 845 Y. Haxxisan It non-resident, give place and State\_\_\_\_\_ If non-resident, give place and State Color or race Age at last Birthday 2.3 Birthplace Denuex Birthplace Pocatelle (City and State or County) Occupation Que Station attendar (City and State or County) Occupation A. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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Registricular District No. The state of the rate of the particular for many or all the last digat COLDER TO SERVICE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE ment was anoth to prepare Opintantial Securement. 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Talla sroot the state of the land the birth of this other, who was while the (sange) Lander Affect and was no sea harders of hidrete then the fallow, margenother on, should make this letter. A stillborn Jou marmore sention lain and of Diffe signer other or being of the after birth

RECEIVED JAN 1 6 1930 STATE OF IDAHO PHYSICIAN: of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH Registration District No..... Local Registrar's No. 573/ Primary Registration District No. 2/6/... PERMANENT RECORD (a) Residence. No... (If nonresident give city or town and State) (Usual place of abode) yrs. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single Married, Widowed, 16. DATE OF DEATH COLOR OF RACE plnous (Year) (Month) (Day) If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_\_, to\_\_\_\_\_\_\_, 19\_\_\_\_\_\_, BIRTH (month day and year) that I last saw h alive on 19 If LESS than 1 day. Days and that death occurred, on the date stated above, at. The CATSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. mos. ds. BIRTHPLACE (city or town 18. Where was disease contracted if not at place of death? (State or country) Was there an autopsy? 11. BIRTHPLACE OF FATH (city or tow What test confirmed diagnosis? (State or Country) (Signed) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town (State or Country) Place of Burial, Cremation or Removal Date of Burial (Address) Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF EASTER -D JAN 1 6 1930 INK—THIS IS A PERMANENT RECORD birth a SEPARATE RETURN must be made of each, in order of birth stated. County of Bannack STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE City of Pecatello BUREAU OF VITAL STATISTICS No. St. anthonys. CERTIFICATE OF BIRTH (If born in hospital or institution give name.) Prim. Registration District No. 2/6/Local Registrar's No. 2602 FULL NAME OF CHILD. YANCES Callen (If stillborn, substitute the word "Stillbirth" for name of child) Twin fire Sex of Number Triplet Childand Legitiin order Date of Temale or other? of birth (To be answered only in event of plural births) mate? Yes birth ..... Number of child of this mother, including present birth...... (a) Born alive and now living..... Born alive but now dead.......Stillborn FATHER FULL. Bullen MOTHER MAIDEN -NAME trances Residence (Usual place of abode) 845 D. Harrison number Residence (Usual place of abode) 845 11. Harrisen It non-resident, give place and State If non-resident, give place and State\_\_\_\_\_ Color or race Age at last Birthday 24 the Color or race. Age at last Birthday. 2 3 Birthplace Device (City and State or County) (Years) Birthplace Pocatello Ida. (1841) and (City and State or County) Occupation .... more CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Boom alive I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn (Physician or midwife child is one that neither breathes nor Address shows other evidence of life after birth. Registrar

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No. CERTIFICATE OF DEATH Registration District No..... Local Registrar's No.5 730 Primery Registration District No... (If death occurred in a hospital or institution, give its name instead of street and number.) (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. mos. ds. How long in U. S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single Married, Widowed, or Diversed write the word) 16. DATE OF DEATH SEX (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of \_\_\_\_\_, 19\_\_\_\_\_, to\_\_\_\_ 6. DATE OF BIRTH (month, day and year Months If LESS than 1 and that death occurred, on the date stated above, at..... The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) .....yrs. ....mos. which employed (or employer) CONTRIBUTORY .... (c) Name of employer (Secondary) (duration) yrs. mos. 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ..... Did an operation precede death?\_\_\_\_\_ Date of\_\_\_\_\_ Was there an autopsy? ..... (Signed) item of in AUSE OF important. State the DISEASE CAUSING DEATH, or in deaths from VIOLEN' CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2 whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country Informant (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

"Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Chack," "Uropsia," "Woollage," astauth "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF

INJURY and qualify as ACCIDENTAL, SUICIDAL, or

HOMICIDAL, or as probably such, if impossible to de-

termine definitely. Examples: Accidental drowning:

struck by railway train-accident; Revolver wound of

head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

cerebrospinal meningitis"); Diphtheria (avoid use of

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PERMANENT RECORD RETURN must be made for h stated. BUREAU OF VITAL STATISTICS Registration District No..... .....State File No..... (If born in hospital or institution Prim. Registration District No. .....Local Registrar's No.2 give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Legiti-/ Sex of Child Date of in order mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living Born alive but now dead. Stillborn. FATHER FULL FIII.I. MAIDEN NAME Residence (Usual place of abode) If nonresident, give place and State at last Birthday Birthplace Birthplace State or Count Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

S. E.

MARGIN RESERVED FOR BINDING  E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC- ' important. See instructions on back of certificate.	(a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)  5a If married, widowed, or divorced  HUSBAND of (or) WIFE of  6 DATE OF BIRTH (month, day and year)  7 AGE  Years  Months  Days  1 day, hrs. or min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	DO NOT WRITE IN THIS SPACE STATISTICS DEATH  It No
	(State or country) Willows I dale.	(Signed) P. M. R. D.
W. B.—Every it should state CA	14 Informant Joseph. M. Romell (Address) St. Authory I da  15 Filed 8/3 , 19.79 M. Hansan Registrar	19 Place of Burial, Cremation, or Removal Date of Burial  Cleg 1 st- 19 sp  20. Undertaken Address

certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH-Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions." "Debility." ("Congenital." "Senile." "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS -Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

DIVISION OF VITAL STATISTICS

DLPARIMENT OF CONTEROE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho

MAR 4 1930

178169

Mrs. J.M. Romrell St. Anthony

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD Mark Romal	
PLACE OF St. Anthony DATE OF Aug. 1, 1929 SEX OF Male BIRTH** BIRTH CHILD	
1. Number of children born to this mother, including present birth  2. Number born alive and now living  3. Born alive but now dead  4. Number of children stillbern	
(Please write plainly)	
Information with reference to  FATHER  Suph Marcus Romall  (Full name)  (Residence)  (Residence)  (Birthplace)  (Birthplace)  (Cocupation)  Information with reference to  MOTHER  MOTHER  MOTHER  MOTHER  Addence to  MOTHER  MOTHER  And I walden name)  (Residence)  (Residence)  (Residence)  (Birthplace)	v•

Thanking you in advance for your courtesy in taking care of this natter immediately in order that the record may be completed, I am,

Sincerely Yours,

EK Macy

C.K. Macey

Special Agent, Bureau of the Census.

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And the	73/12/3 022 236			
for	PLACE OF BIRTH	STATE OF IDAHO		
RECORD be made for		RTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS		
	City of Care			
RE De 1	No. Keshurg St.	CERTIFICATE OF BIRTH 178194		
	Registration Dist	rict No		
EN EN	(If born in hospital or institution	- 9177 000		
P. NA	give name.) Prim. Registration	n District No. Local Registrar's No. 7		
ate.	FULL NAME OF CHILD	Sullvaru		
	Twin (Number (-	stitute the word "Stillbirth" for name of child)		
S A PERMANENT TE RETURN must birth stated.	Sex of Triplet and in order of birth (To be answered only in event of plural bi	Legiti- y Date of Nov. 13-1929 wate? (Month) (Day) (Year)		
	What prophylactic was used to prevent Ophthalmia Neonatorum? Remature			
SEPAR.	Number of child of this mother, including present birth 3	(a) Born alive and now living 4		
SE	Born alive but now dead	Stillborn /		
. a.E	FULL R & FATHER	FULL MOTHER		
j IN birth each,	NAME VOUL Blades	MAIDEN Mary agnes stille		
of at [N	Residence (Usual place of abode)	Residence (Usual place of abode)		
one child number	If nonresident, give place and State	If nonresident, give place and State		
국원입	Color or race March Age at last Birthday 29	Color or race White Age at last Birthday 28		
nu nu	Birthplace Recbug, Ida, (Years)	Birthplace Plano, Oda. (Years)		
ITH han o	(City and State or Country)	(City and State or Country)		
- <b>5</b> -5	CERTIFICATE OF ATTENDIN	Occupation OR MIDWIFE*		
_ 5 g		Born alive		
2 8 4	I hereby certify that I attended the birth of this chi	ld, who was (Stillborn ) at.		
ار ه کا	(Signs	ature) O. M. Relly M.		
PL/ case	*Where there was no attending physician	$\mathcal{T}'$		
1	or midwife, then the father, householder,	(Physician or midwife)		
	detc., should make this return. A stillborn	so St. Centhony, Ida		
A A	child is one that neither breathes nor	Y II THE YEAR		
z	shows other evidence of life after birth. Filed.	Registrar.		
	li			

NV D

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DIVISION OF VITAL STATISTICS DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho

MAR 4 1930

178194

Mrs. Robert Blaser Shester

FULL NAME OF CHILD

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

PLACE OF BIRTH** Chester Perburg BIRTH	Nov. 15, 1929 SEX OF Female CHILD
<ol> <li>Number of children horn to this mother</li> <li>Number born alive and now living</li> <li>Born alive but now dead</li> <li>Number of children stillborn</li> </ol>	, including present birth //
(Please write p	plainly)
Information with reference to  FATHER  Robert Blases  (Full name)  Chester Idaho  (Residence)  Age at last birthday 29  Ruburg Idaho  (Birthplace)  Farmer  (Occupation)	Information with reference to  MOTHER  MARY Agree Steele  (Full Maiden name)  (Residence)  Age at last birthday 29  Claud John  (Birthplace)

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely Yours,

C.K. Macey

Special Agent, Bureau of the Census.

Company of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s •

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	Sex of Child	Twin  Triplet and Num in ore of bir  (To be answered only in event of	der th plural births		Date of birth (Month)	7 19209 Day) (Year)
THIS IS A SEPARATE In order of	Number of child of this mot		,	er of child of this mother ne		sent birth 3
PE 02	NAME Stephen	FATHER W. Markell		MAIDEN NAME	why Da	ie
	COLOR	gg Slaho		RESIDENCE Nella	gg, Ida	LAST 3
Child uber	BIRTHPLACE	BIOTHDAY	(Years)	BIRTHPLACE /	BIF	THDAY 30 (Years)
# 5 F	,	Powa		OCCUPATION O	ming	<u></u>
WRITE PLAINLY WITH	on the date above sta	certificate of at that I attended the birth of attending physician he father, householder, this return. A stillborn neither breathes nor ce of life after birth.		, who was Stillborn	IDWIFE*	P. M.
N. B.	Give names added fro	om a supplemental report. , 192	Address Filed	2.01	Jus The	Registrar.
		Registrar.	0			itegipti ai .

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DIVISION OF VITAL STATISTICS

## DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho\_

MAR 4 1930

Mrs. Stephen W. Marke BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. Kellogg DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD	
PLACE OF DAY BIRTH** Kellogg B	TE OF DEC 27, 1930 SEX OF Male
7	write plainly)
Information with reference to FATHER	Information with reference to
	M O T H E R
Steven William Mark (Full name)	ell Dorothy Irene Mar. (Hell Maiden name)
Kellogg Idaho	Kellogg Idaho.  (Residence)
Age at last birthday 39	Age at last birthday 28
(Birthplace)	Sheridan Wyoning
Webster City lowe	·
Works in lead pro	
Thanking you in advance fo	

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely Yours,

C.K. Macey

Special Agent, Bureau of the Census.

STATE OF HDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City CERTIFICATE OF BIRTH St. No. ..... Registration District No... ....State File (If born in hospital or institution Prim, Registration District No. Local Registrar's No. give name.) FULL NAME OF CHILD. birth (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legitiin order ಕ Sex of hirth mate? or/other? Child (To be answered only in event of plural births) (Month) (Ďay) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead ..... .....Stillborn ..... FULL FATHER MAIDEN FULL NAME A NAME A UNFADING one child at Residence (Usual place of abode)..... Residence (Usual place of abode). If non-resident, give place and State It non-resident, give place and State. the (Years) Birthplace ..... Birthplace (City and State or County) (City and State or County) Occupation ..... Occupation ...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) ... \*Where there was no attending physician? hysici**e**n or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.

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The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon Photos which there is short with the plant of the property CONTINUE OF THE PARTY OF STREET Sieffellatter TOTAL STATE OF THE STATE OF nor upperfront SHARMORY BY AVIOUSART BANDASLES JO SEVOIMENS Threety receiff that Lattender, the plath or this description of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t done directly of the state of "Where there was no attending the siten? or and wife, there the tasker, housewhilet eter elegald make this return. A reliberts this is one that neither breaches nor W VIVAD H 3 about ather conference of the offer birth.

DIVISION OF VITAL STATISTICS

## DEPARTMENT OF COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY
SPECIAL AGENTO30

179689

Mrs. E.H. Field Rigby

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

- Doer Madam:

ILAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME OF CHILD Baley	Field	
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<ol> <li>Number of children born to this</li> <li>Number born alive and now livin</li> <li>Born alive but now dead</li> <li>Number of children stillborn</li> </ol>	mother, including	present birth /
(Please	e write plainly)	•
Information with reference to  FATHER  Claim Havey Field  (Full name)  Fola (Soloho Falls. P. #  (Residence)  Age at last birthday 35  (Birthplace)  Farming  (Casapara Ji	Age at la	formation with reference to  MOTHER  Soules  (Full Maiden name)  (Residence)  st birthday 23  Might Ottoh  (Birthplace)

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Emerely Jours, B. K. Maccy

C.K. Macey

Special Agent, Bureau of the Consus.

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

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Do not accept a certificate of death signed only by a

midwife.

PLACE CELEBRETO MAR 18 1930 STATE OF IDAHO be made for DEPARTMENT OF PUBLIC WELFARE County of Parette BUREAU OF VITAL STATISTICS City of Fmitland. CERTIFICATE OF BIRTH Registration District No....4......State File No...... (If born in hospital or institution Prim. Registration District No. 1008 Local Registrar's No. 2 give name.) FULL NAME OF CHILD.. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet mate?Yes birth Child Male or other? (To be answered only in event of plural hirths) Number of child of this mother, including present birth 1 (a) Born alive and now living Born alive but now dead. Stillborn. FATHER MOTHER FULL FULL Alfred V. Weaver MAIDEN Edith McCarthy. NAME NAME Residence (Usual place of abode) Fruitland Id Residence (Usual place of abode) Fruitland Id If nonresident, give place and State... If nonresident, give place and State... White Age at last Birthday White Age at last Birthday Payette To Birthplace. Montana (City and State or Country) more than Farmer Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* stillborn Born, alive I hereby certify that I attended the birth of this child, who was \ Stillborn on the date above stated. 6 (Signature) Case \*Where there was no attending physician or midwife, then the father, householder, WRITE B.—In Physician or midwife) etc., should make this return. A stillborn Address Payette I child is one that neither breathes nor shows other evidence of life after birth.

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DIVISION OF VITAL STATISTICS DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT

Boise, Idaho

APR 19 1930

## 179884

Mrs. A.V. Weaver Fruitland

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR UHILD AND COMPLETE THE CERTIFICATE.

- Door Madam:

ILAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

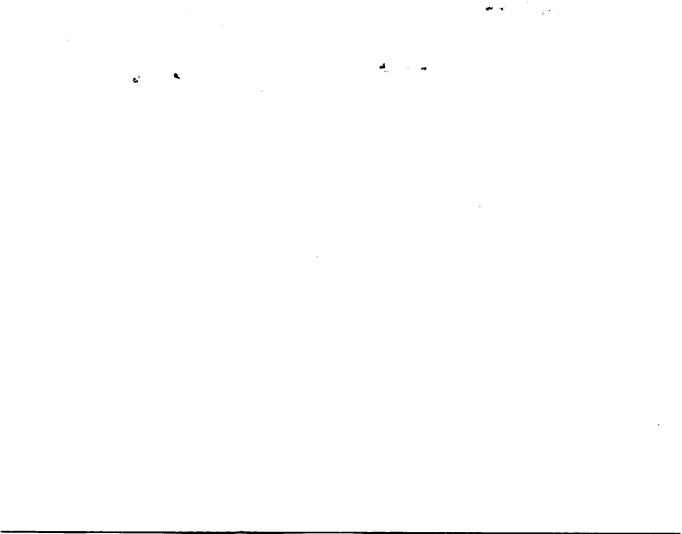
FULL NAME OF CHILD	w man	u g	we	en pres	md I
PLACE OF BIRTH** Fruitland	DATE OF BIRTH	Sept. 30,	, 1929	SEX OFCHILD	Mal e
1. Number of children bo 2. Number born alive and 3. Born alive but now de 4. Number of children st	l now living	······································			
	(Please write	plainly)			
Information with refe FATHER		American American	Info	rmation with refe MOTHER	erence t
(Full name)		************		(Full Maiden na	ame)
(Residence)				(Residence)	F
Age at last birthday		Age at	last	birthday	
(Birthplace)		***************************************		(Birthplace)	
(Occupation)					

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Binderely Yours

C.K. Macey

Special Agent, Bureau of the Census.



70.1	RECEIVED MAR 18 1930 DEPARTMENT OF PUBL			
ANS 00-	BUREAU OF VITAL	STATISTICS C.C. G. S. C.		
of CC	CERTIFICATE OF County of Registration District No			
LY, PHYSICIANS statement of 0C-	City of layeffe Primary Registration District			
Ψ				
LY	2. FULL NAME Leaving a hospital or institution	n, give its name instead instead of street and number.)		
ACT to		704		
RECORD EXACTLY, Exact stat	(a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	(If nonregident wire often an term and I all		
e j	PERSONAL AND STATISTICAL PARTICULARS	da. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH		
sta sifie				
NG PERMANENT hould be state erly classified.	4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH		
PERM PERM should perly c	5a If married, widowed, or divorced	(Month) (Day) (Year)		
ਜ <b>਼</b> ਾ∞ ੬	HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from		
- 54 - W		, 19, to, 19,		
a 22 . ₽ 33	7 AGE Years Months Days If LESS than	that I last saw h alive on		
FOR -THI plied. may certi	Hellow' Days If LESS than 1 day,	and that death occurred, on the date stated above, at		
원 <b>가</b> 면 <sup>#</sup> 요	8 OCCUPATION OF DECEASED	The ORUSE OF DEATH* was as follows:		
SERV G IN ully si that	(a) Trade, profession, or particular kind of work	Shell heeth Grotably due to		
A RESE ADING carefull s, so th	(b) General nature of industry, business, or establishment in	the mathetin of mother		
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UNFAI UNFAI I be car terms, actions	(c) Name of employer	(Secondary)		
4 7 7 E	9 BIRTHPLACE (city or town) (State or country)	(duration) yrs mos ds.		
MA WITH I should II plain	Ougeful voc.)	18 Where was disease contracted if not at place of death?		
D>	10 NAME OF FATHER LASSINGHOUSE	Did an operation precede death?		
LY at H	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed/diagnosis?		
LAINLY ıformati DEATH rtant.	(State or country)	(signed) // Christ . DX, M./D/		
	12 MAIDEN NAME OF MOTHER	May Y 9, 19 Y (Address) A ay offer Ide		
WRITE item of AUSE O	13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO-		
WRITY y item of CAUSE is very i	(State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
H o 'T	14 Informant	19 Place of Burial, Cremation, or Removal Date of Burial		
B.—Ever ld state	(Address)	19		
. B.— lould JPAT	15 Nov. 30 00 10 1	20. Undertaker Address		
L Tel	Filed 1929 Registrar			

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DUTY OF LOCAL REGISTRARS -Mail all death certifi-

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fifth of the following month: after keeping a copy of same

for your local record.

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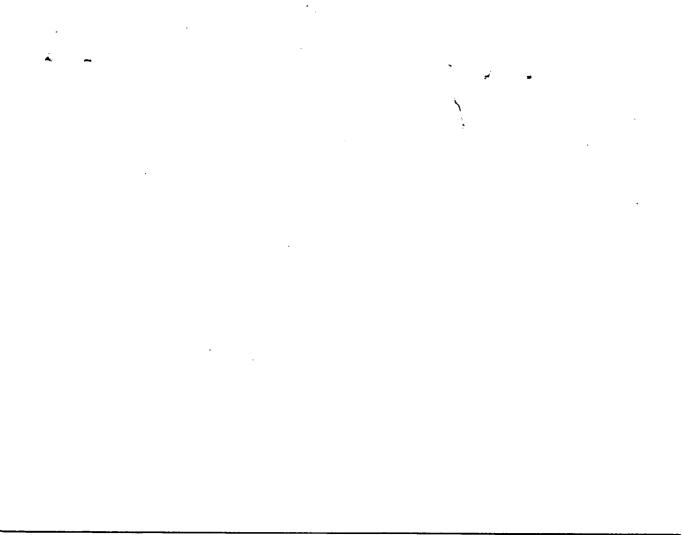
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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No.... (If born in hospital or institution Local Registrar's No..... Prim. Registration, District No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Sex of \_ Legitibirth Child or other? ) U (of birth (To be answered only in event of plural births) mate? (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?..... Number of child of this mother, including present birth Born alive and now living Born alive but now dead. Stillborn RATHER MOTHER FULL each. Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday Color or race. Birthplace Birthplace (City and State or Count and State or Country) Occupation I hereby certify that I attended the birth of this child. who on the date above stated. (Signature \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



2		STATE OF IDAI	HO		
AN JP2		RECEDENT MAY 2 1930 DEPARTMENT OF PUBLIC	C WELFARE DO NOT WRITE IN THIS SPACE		
<u> </u>		PLACE OF DEATH BUREAU OF VITAL ST		" " " " " ( O O O P)	
XS OC	Co		7/7	ate File No.	
E H	_	Registration District No	<b>ルン・</b>		
nt J	Ci	ty of Primary Registration District	No. 7018	Local Registrar's No	
LY				)	
E C E		(If death occurred in a hospital or institution, give its	name instead of street and num	iber.)	
RECORD EXACT	2.	FULL NAME Still burn		<i>y</i> .	
RE Xac		(a) Residence. No	St.	•	
F 5 E	-	(Usual place of abode) ength of residence in city or town where death occurred. yrs. mos. ds.	(If no How long in U. S., if of for	onresident give city or town and State) reign birth? yrs. mos. ds.	
UNG  PERMANENT RECORD should be stated EXACTLY, PHYSICIANS rly classified. Exact statement of OCCUPA-		digital di restante in ony di totta unita di tata	<u> </u>		
E P		PERSONAL AND STATISTICAL PARTICULARS		CERTIFICATE OF DEATH	
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D D D D		nale stull -	(Mo	mth) (Day) (Year)	
BINDING IS A PAGE Shopperly	5ε	a. If married, widowed, or divorced HUSBAND of		, That I attended deceased from	
		(or) WIFE of		9, to	
* X & 9	6.	DATE OF BIRTH (month, day and year) Use 1,1939		e on 19	
FOR THIS ed. 2	7.	ACE, Years Months Days If LESS than 1 day,	and that death occurred, on	the date stated above, atm.	
		Till lan min.	The CAUSE OF DEATH*		
KVED INK— supplications tificate	8.	OCCUPATION OF DECEASED			
ert a I	"				
		(a) Trade, profession, or particular kind of work	***************************************		
FADIN Carefull 8, 80 th		(b) General nature of industry, business, or establishment in		(duration)ds.	
7 C 8 9 1	ĺ	which employed (or employer)	CONTRIBUTORY		
<b>⊿</b> ` +> ⊼		(c) Name of employer	(Secondary)		
WITH Should plain ction	۱ ۵	BIRTHPLACE (city or town) Wundell Sau		(duration) yrs, mos. ds.	
MATTH WITTH Should plain ction		(State or country)	18. Where was disease con if not at place of death	itracted	
		10. NAME OF FATHER	Did an operation precede de	eath?Date of	
PLAINLY, information DEATH in See instri		Sacremen. Wyon	Was there an autopsy		
LAI) orm: See	ENTS	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagno	Bin?	
L SEC	EEN	uun_	(Signed)	M. D.	
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WRITE m of i ISE OF	`	to promise and on voyage of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	#State the DISEASE CAL	USING DEATH, or in deaths from VIOLENT	
25 H H		18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	CAUSES, state (1) MEAL	NS AND NATURE OF INJURY, and (2) UICIDAL, or HOMICIDAL.	
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very i ate CA very in	14	Informand uwerse U. W elest	19. Place of Burial, Crema	tion, or Removal Date of Burial	
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N. B.		Filed , 19 Registrar			

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"Shock," "Uraemia," "Weakness," etc., when a definite disease can be accordined as the cause. Always gualify disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritoritis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

T RECORD it be made for	County of the occurrence	STATE OF IDAHO RTMENT OF PUBLIC WELFARE FOR THE STATISTICS  CERTIFICATE OF BIRTH \$ 180493  Fict No. 27 State File No.
A PERMANENT FE RETURN must birth stated.	(If born in hospital or institution give name.)  Prim. Registration	n District No. 20 1 % Local Registrar's No.  New Mable Techner  stitute the word "Stillbirth" for name of child)  1 Legiti- Date of Acy. 10 19
UNFADING INK—THIS IS one child at birth a SEPARA's a number of each, in order of	What prophylactic was used to prevent Ophthalmia Neon Number of child of this mother, including present birth Born alive but now dead  FATHER FULL Charles FATHER Residence (Usual place of abode) Residence (Usual place and State Color or race Age at last Birthday (Years) Birthplace (City and State or Country)	(a) Born alive and now living  Stillborn  FULL  MAIDER COLOR  Residence (Usual place of abody)  If nonresident, give place and State  Color or race  Age/at last Bir day  (Years)
WRITE PLAINLY WITH N. B.—In case of more than each and th	Thereby certify that I attended the birth of this chi on the date above stated.  (Signal or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	ld, who was Stillborn at M.  ature) C. F. C. C. M.  (Physician or midwife)

MARCHEN BUTELA D. Registration District No. 2 Prim Registration District No. A. IJIHO TO THE LILLY Date of Least (No he shape coals in cross of there had What prophylietle was used to prevent Oththalada Neonatorus The state of the same Lie n alive but now dead ... PATHER Residence (Vernt place of abouts) : Employment Clause of abota if sharesident, who place and State. If nemeralished, give thee and States .......... Colde Or 1986. Bir hofere ties and State on Country) SERTIMONTS OF ATPRIONE PATRICIAN OF MISWIFE. I benefity that I attended the birth of this child, who was I tillion on the date whove "Where there was no attending physician ishpalcian or inthining or midwife, then the father, honseholder, et, chard make this return. A stilleton child is and that nother breather nor shows tother evidence of life after hirth.

DIVISION OF VITAL STATISTICS DEPARTMENT & F COMMERCE BUREAU OF VITAL STATISTICS

C.K. MACEY SPECIAL AGENT MAY 2 0 1930

Boise, Idaho\_

180493

Mrs. C. Feckner Jerome

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT. DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE.

- Doar Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you in due course.

FULL NAME C	OF CHILD ag	nes m	rable	Jechne	مسه
PLACE OF BIRTH**	Appleton	DATE OF BIRTH Aug.	. 10, 1929	SEX OF Female	
<ol> <li>Number t</li> <li>Born ali</li> </ol>	of children born to corn alive and now ive but now dead	living	including prese	nt birth /	
	(	Please write pl	ainly)		
Informati	tion with reference	e to	Elisabe	tion with reference  NOTHER  LAST  Full Maiden namel	e to
Jer	(Residence)		Noem	Residence	
Age at las	t birthday 3 L. Dak (Birthplace)	ota	Morta	Dehol (Birthplace)	۵
	(Occupation)				

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the record may be completed, I am,

Sincerely Yours,

C.K. Macey

Special Agent, Bureau of the Census.

. <b>X</b> 2	- RECEIVLD MAY 2 1030	•
1 b	Form V. S. No. 5 20M.1-16-12 . CERTIFICATI	E OF DEATH State of Idaho BOARD OF HEALTH
PHYSI.	1. PLACE OF DEATH. Registration District No	Bureau of Vital Statistics
E H	County of String Primary Registration Distri	ct No. 70/8 File No. (Uniti
7. P] Exact	City of affection (No	St.) Registered No
ECORD. EXACTLY. assified. E	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME. 13	- Unname of death occured in a hospital, institution or camp, give its NAME instead of street and number.
RECORD I EXACT classified.	PERSONAL AND STATISTICAL PARTICULARS $t$	MEDICAL CERTIFICATE OF DEATH.
250	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OB DIVORCED.	16. DATE OF DEATH
IANENT be state properly ficate.	(Write the word.)	aug. 10 1029
4G ERMANE uld be st be proper	6. DATE OF BIRTH	(Month) (Day) (Year)
e ti	aug. 10 .929	17. I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	
BIND IS A AGE sh it ma back of	7. AGE IF LESS than 1 day	that I last saw h alive on 1917
70 ~4 +	how manyhrs. or dsmins.?	1
OR THIS d. tha	8. OCCUPATION	The CAUSE OF DEATH* was as follows:
/ED FC INK—Ti supplied rms, so t	(a) Trade, profession or	Tmaron Cord.
RVEC FINE FINE FERMS, terms,	particular kind of work	
T G A G	business, or datablishment in which employed (or employer)	(Duration) yrs. mos. ds.
IN RESEI UNFADING be carefull H in plain ant. See in	9. BIRTHPLACE	Contributory
	(State or Country)	(Secondary)
GIN d be TH	10. NAME OF FATHER	(Duration) mos. ds.
MARGIN VITH UI should be DEATH importan	11. BIRTHPLACE	(Signed) CLP College M. D.
<b>4</b> D	OF FATHER	19 (Address) (LADW)
tion of ery	(State or Country)  12. MAIDEN NAMES	*State the DESEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
CAUSE ON IS YE	OF MOTHER Elizabeth Cass	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
	13. BIRTHPLACE OF MOTHER (State or Country)  Ookolo	At place In the of deathyrsmosdays.
re Pi t of in state	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
WRITE item o ould st	(Informant) Charles Feature	Former or
WEI	Descina 9 de	usual residence
B.—Every CIANS sh ment of 0	(Address)	19. PLACE OF BURIAL OR BENOVAL DATE OF BURIAL
IIA	15. A C C C C C C C C C C C C C C C C C C	20. UNDERTAKER ADDRESS
K KOH	Filed Local Registrar	eta Near
<b>A</b>	AYMS - YORK CO., PTRS. A RDRS. 19780	
1	•	

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever,

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy", "Collapse," "Coma," "Convulsions," "Debility, ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL, septicemia", "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."